Freeman

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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11014

FILED MAR 27 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 242

39
2
6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Spfd. Bapst. Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Minutes (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 920 E. Sunshine
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John H. Morgan

3. (b) If veteran, name war No

3. (c) Social Security No. 491-03-0395

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Frances P. Morgan

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan. (Month) 13, (Day) 1879 (Year)

8. AGE: Years 65 | Months 1 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace Rolla (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Grocery Clerk

11. Industry or business

FATHER
12. Name L.C. Morgan
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Gussie Dearborn
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Frances P. Morgan
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 3-14-44 (Date received local registrar) (b) Sr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1944 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from 3-12-, 1944, to 3-12, 1944 that I last saw him alive on 3-12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4 hrs
Due to: Hypertension	
Due to: Indefinite	
Other conditions: no (Include pregnancy within 3 months of death)	830
Major findings: Of operations: none	
Of autopsy: none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. F. Freeman (M. D. ~~or other~~)

Address Springfield Mo Date signed 3/14/44

4X4

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed L Paulin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.