

FILED MAY 15 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 85

49
22
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper (b) City or town Carthage
(c) Name of hospital or institution McLeod Brooks Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(d) Street No. R # 1
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Viola Mae Morgan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1944 hour 8:40 minute P. M.

21. I hereby certify that I attended the deceased from Jan 8 1944 to April 3 1944 that I last saw her alive on April 3 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced, or separated Married
6. (b) Name of husband or wife Samuel Morgan 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Nov 17 1904

Immediate cause of death Surgical shock - Operative Hemorrhage Duration ?

8. AGE: Years 39 Months 4 Days 17 If less than one day hr. min.

Due to 10 lb Carcinoma Right Ovary - Primary 3 years

9. Birthplace Painesville Missouri

Other conditions Myocardial Infarction

10. Usual occupation Sheet Factory

PHYSICIAN

11. Industry or business _____

Major findings: Huge tumor with adhesions - Right Ovary

12. Name Ben Collins

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

16. (a) Informant Samuel Morgan

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

(b) Address # 1 Carthage Mo

(a) Accident, suicide, or homicide (specify) 49a

17. (a) Burial (b) Date thereof April 6 1944

(b) Date of occurrence _____

(c) Place: burial or cremation Carthage Mo

(c) Where did injury occur? _____

18. (a) Signature of funeral director _____

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

(b) Address _____

(d) While at work? _____

19. (a) April 10 1944 (b) _____

23. Signature _____ M. D. or other _____

1203

44-4-360

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 myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address. West City, 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.