

FILED MAY 5 1944  
Registration District No. 248

Primary Registration District No. 5844

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Rural, Seneca  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 29  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Seneca Mo. R. 2  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLEY G. MORGAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-09-6849

4. Sex M. 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lucy 6. (c) Age of husband or wife if alive 51 years (Month) (Day) (Year)  
7. Birth date of deceased March 6 - 1886 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 1 13 hr. \_\_\_\_\_ min.

9. Birthplace Barry Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Samuel W. Morgan  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Cornelia Hall  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucy Morgan

(b) Address Seneca Mo. R. 2

17. (a) Rural (b) Date thereof 4-18-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Seneca Mo.

18. (a) Signature of funeral director W. H. Buzzard

(b) Address Seneca Mo.

19. (a) April 22, 44 (b) Mrs. Patti Jones (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1944 hour 4 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Mar. 17, 1944 to April 14, 1944  
that I last saw him alive on April 17, 1944  
and that death occurred on the date and hour stated above

Immediate cause of death Angina pectoris Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 948

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. D. Suenkel (M. D. or other) \_\_\_\_\_

Address Seneca Mo. Date signed 4-17-44

1502

**RECEIVED**

5-1-44

District Health Officer No. \_\_\_\_\_

District File Number 544-92

Date Filed 5-4-44

**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 \_\_\_\_\_

Licensed Embalmer No. 2334

P. O. Address Seneca 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.**