

FILED JUN 7 1944

State File No. \_\_\_\_\_

Registration District No. 3

Primary Registration District No. 5517

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Waverly. Rural  
(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 \_\_\_\_\_  
years, months or days 65

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME William P. Morgan

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emma Moore 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 6 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace West Va. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

12. Name John Morgan

13. Birthplace W. Va. (City, town, or county) (State or foreign country)

14. Maiden name Donna Knowlton

15. Birthplace W. Va. (City, town, or county) (State or foreign country)

16. (a) Informant Lois Morgan

(b) Address Calhoun Mo

17. (a) Rural (b) Date thereof May 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun

18. (a) Signature of funeral director J. A. Housey

(b) Address Calhoun Mo

19. (a) May 13 1944 (b) Georgia Fitcher  
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1944 hour 4 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1st 1943 to May 12 1944  
that I last saw him alive on May 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to kidney trouble

Due to underlying

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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) Cause of injury \_\_\_\_\_

23. Signature W. A. P. [Signature] (M. D. or other) \_\_\_\_\_

Address Calhoun Mo Date signed May 13 1944

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

8390

166

RECEIVED

District Health Officer No. 7:

District File Number 5-214-712

License No. 6-6-44

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

Signed J. A. House

Licensed Embalmer No. 3502

P. O. Address Calhoun Ave

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

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