

Primary Registration District No. 5522

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rene Prairie Twp. #12
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Home for the Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 3 days
(Specify whether in this community years, months or days) 17 mo. 3 days 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1809 Myrtle
(If apt., give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edith Morgan
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 13
year 1944 hour 11:45 minute P. M.
21. I hereby certify that I attended the deceased from 4/12/44 1944 to 5/13 1944
that I last saw her alive on 5/12 1944
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Dec. 1862
(Month) (Day) (Year)

Immediate cause of death Carcinoma of rectum
Duration _____

8. AGE: Years 81 Months 5 Days 6 If less than one day
hr. _____ min. _____

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) H6d

10. Usual occupation Unknown

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant County of Jackson

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Removal (b) Date thereof 5-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? No.

(c) Place: burial or cremation Removal - Mendon

(Specify type of injury)
(c) Means of injury _____

18. (a) Signature of funeral director Spur Shepard

23. Signature J. D. Green (M. D. or other) _____
Address _____ Date signed 5/14/44

(b) Address Mendon, Tenn.

19. (a) May 14, 1944 (b) F. M. Schick
(Date received local registrar) (Registrar's name)

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 W B Rangford
Licensed Embalmer No. 3833
P. O. Address Leis Summit

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.