. S. No. 2
0M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40277

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 5010

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wheatley Provident 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12/7 to 12/8 (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 910 East 17th St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sarah Morgan
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex 3 Fe
5. Color or race Col
6. (a) Single, widowed, married, divorced Mar,
6. (b) Name of husband or wife Andrew Morgan
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April (Month) 28, (Day) 1883 (Year)

8. AGE: Years 61 Months ~~8~~ 7 Days ~~20~~ 10 If less than one day hr. min.

9. Birthplace Dalton (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Andrew Williams
13. Birthplace (City, town, or county) 0 Missouri (State or foreign country)
MOTHER
14. Maiden name Susan
15. Birthplace (City, town, or county) 0 Missouri (State or foreign country)
16. (a) Informant Andrew Morgan
(b) Address 910 East 17th St.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Dalton, Missouri
18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia
19. (a) 12-11-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th year 1944 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from Dec 6, 1944, to Dec 8, 1944; that I last saw her alive on Dec 8, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia (Coma)	2 days
Due to Chronic nephritis	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 131	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. Kuenzi (M. D. or other)
Address 1612 E 12 Date signed 12/9/44

(Licensed Embalmer's Statement on Reverse Side)

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. D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.