

FILED MAR 10 1945

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Jasper Co.

(b) City or town Hopkins mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County CHEROKEE

(c) City or town BAXTER SPRINGS
(If outside city or town limits, write "RURAL")

(d) Street No. 127 1/2 EAST 10th st
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JAMES ROBERT MORGAN

3. (b) If veteran, name war _____

3. (c) Social Security 514-01-4485

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1945 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Feb 15, 1945 to Feb 17, 1945
that I last saw him alive on Feb 17, 1945
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sadie MORGAN

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: JANUARY 19 1872
(Month) (Day) (Year)

Immediate cause of death: Hemorrhage from Gastrointestinal tract

Due to Hypertensive Cardiovascular renal disease

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

8. AGE: Years 73 Months ✓ Days 28 If less than one day hr. _____ min. _____

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

Major findings: 710

Of operations _____

Of autopsy Ruptured varicose vein in the stomach

Underline the cause to which death should be charged statistically.

10. Usual occupation HOTEL OPERATOR

11. Industry or business HOTEL

12. Name JAMES WILLIAM MORGAN

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

14. Maiden name NANCY MURRAY

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

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? _____

16. (a) Informant MRS. SADIE MORGAN

(b) Address 127 1/2 East 10th Baxter Sp

17. (a) Personal (b) Date thereof Feb 19 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Interment, Holman, Kans

18. (a) Signature of funeral director Harvey A. Pyalkane

(b) Address Baxter Springs, Kansas

19. (a) 2-19-45 (b) Arthur D. Duckett
(Date received local registrar) (Registrar's signature)

23. Signature H L Bryan (M. D. or other) M.D.

Address _____ Date signed 2-19-45

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

5729

1204

45-2-150

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.....

John A. Schoeneman....., Registered Apprentice No.....
working under my personal supervision.

Signed: *John A. Schoeneman*.....

Licensed Embalmer No. *Ks 1443*.....

P. O. Address. *Galena, Ks.*.....

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.