S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 2 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9852

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #3 Lees Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ___ (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural Lees Summit
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ___

3. (a) PRINT FULL NAME WILLIAM CLAUDE MORGAN
3. (b) If veteran, name war World War I
3. (c) Social Security No. 496-01-3445
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Helen Morgan
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased November (Month) 30 (Day) 1891 (Year)

8. AGE: Years 53 Months 3 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace Trask (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Boiler Maker
11. Industry or business
FATHER
12. Name William Sherman Morgan
13. Birthplace Mt View (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Nancy Jane ?
15. Birthplace ? (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mary Helen Morgan
(b) Address Route 3 - Lees Summit Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6 45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence Mo
19. (a) Mar. 6. 1945 (Date received local registrar) (b) F. W. Schick By Ellie Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1945 hour 2 minute 30A M.
21. I hereby certify that I attended the deceased from 2/1, 1945, to 2/27, 1945; that I last saw h. 1 m alive on 2/27, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	acute
Due to: Hypertensive cardiovascular disease	years
Due to: Arteriosclerosis	years
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Vance E. Link (M. D. or other) M. D.
Address 129 W. Lexington, Independence, Mo Date signed 3/5/45

1162

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1945

APR 20 1945

APR 5 1945

SEP 6 1945

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 George A. Carson

Licensed Embalmer No. 2249

P. O. Address Indep. 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.