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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9942

State File No.

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 44
(c) City or town Carterville 4
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Locust 0
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank I. Morgan

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

4. Sex Male 1
5. Color or race W.
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Gertrude Morgan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 30 (Day) 1884 (Year)

8. AGE: Years 60 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Logan, Mo (City, town, or county) (Missouri (State or foreign country)
10. Usual occupation Black-smith
11. Industry or business

FATHER
12. Name George Morgan
13. Birthplace Shellyville, (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Rebecca Ann Smith
15. Birthplace Stafford Green, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant widow Gertrude Morgan
(b) Address Carterville, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Mo.
19. (a) March 8, 1945 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1945 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from MARCH 1, 1945, to MARCH 1, 1945; that I last saw him alive on MARCH 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY OCCLUSION	30 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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 2

23. Signature [signature] (M. D. or other) DO.
Address CARTERVILLE MO Date signed 3-3-45

(Licensed Embalmer's Statement on Reverse Side)

46-3-285

NOV 14 1946

APR 22 1946

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 Richard Gray Lewis, Registered Apprentice No. 365, working under my personal supervision.

Signed E. H. Sledge

Licensed Embalmer No. 2859

P. O. Address Hebbardville

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.