

**FILED APR 28 1945**

Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 456

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital no. 2, 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 years 6 months 8 days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME JOHN JAMES MORGAN

(b) If veteran name war Unknown (c) Social Security No. None

4. Sex Male Color or race Wegro (b) Name of husband or wife Unknown  
 6. (a) Single, widowed, married, divorced Widower  
 6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased: 4-22-1859  
 (Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 0  
 If less than one day hr. min.

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

10. Usual occupation Farm Laborer

11. Industry or business Farming

MOTHER FATHER

12. Name William Morgan  
 13. Birthplace Unknown Virginia  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mariah  
 15. Birthplace Unknown Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant Jess Morgan

(b) Address Dalton Missouri

17. (a) Removal (b) Date thereof Apr. 23 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dalton

18. (a) Signature of funeral director Bennett & Sons  
 (b) Address 1602 Mississippi St.

19. (a) 4-23-45 (b) Island P. Fieble  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22  
 year 1945 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-15-44 to 4-22-1945  
 that I last saw him alive on 4-22-1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death 2 hypertension  
jaundice

Due to arterio-sclerosis of 15 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: Of operations 97  
 Of autopsy \_\_\_\_\_  
 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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature A. H. Manaway (M. D. or other)  
 Address State Hospital no. 2 Date signed 4-22-45

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

**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.....

*J. F. Ramsey*

Licensed Embalmer No. *4081*

P. O. Address. *1602 Melissa*

**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.**