

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

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

1. PLACE OF DEATH

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H 08 1/2 Georgia St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 80
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. H 08 1/2 Georgia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME (27) Morgan

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 9 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 6 < hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business Restaurant

MOTHER FATHER
12. Name Not known 9
13. Birthplace _____ 9
(City, town, or county) (State or foreign country)
14. Maiden name _____ 9
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. May
(b) Address Louisiana, Mo.
17. (a) Burial (b) Date thereof March 17, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana Mo.

18. (a) Signature of funeral director Harvey Stearns
(b) Address Louisiana Mo.

19. (a) 3-16-45 (b) G. H. Kelly Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1945 hour 10:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 13 1945 to March 15 1945
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
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 0
23. Signature W. H. Pearson (M.D. or other) M.D.
Address Louisiana Mo. Date 3/16/45

RECEIVED
District Health Officer No. 10
District File Number 4-45-589
Date Filed APR 13 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 J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.