

Registered District No. _____

Primary Registration District No. 1002

Registrar's No. 2005

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-16-45-5-3-45
50 Yrs. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5406 Montgall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAGGIE MORGAN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife S. W. Morgan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Hickman County Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation None

MOTHER FATHER 11. Industry or business _____

12. Name John Dodson
13. Birthplace Wise or Ferrell (State or foreign country)
14. Maiden name _____
15. Birthplace Tenn. (State or foreign country)

16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2

17. (a) burial (b) Date thereof 5/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 5-7-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 1945
year _____ hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from March 16 1945 to May 3 1945
that I last saw her er alive on May 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia
Duration _____

Due to Diabetes Melletus with Diabetic Ulcers on Right Foot

Due to _____

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? _____

While at work? _____ (Specify type of injury)
Signature [Signature] (M. D. or other)
Address Gen. Hosp. #2 - 607 E. 22 Date signed 5-7-45

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

8338

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. Edward Malone

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.