V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19612

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2537

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: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)

In this community: 18 years

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.: Densmore Hotel 912 Locust (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: GLAPHREY E. MORGAN

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: William Morgan

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: Feb. 19 th 1867 (Month) (Day) (Year)

8. AGE: Years 78 | Months 3 | Days 23 | If less than one day: hr. min.

9. Birthplace: Ke County Iowa (City, town, or county) / (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: J.H. Ruggels
13. Birthplace: Kentuckey / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eliza Jane Mitchell
15. Birthplace: Kentuckey / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. W.E. Sanders Densmore
(b) Address: 912 Locust Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/ 14/ 45 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Marys Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 Linwood Blvd. K.C. Mo.

19. (a) 6-14-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12 year 1945 hour 5:25 minute P M.

21. I hereby certify that I attended the deceased from Jan 1, 1945, to June, 1945, that I last saw him alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Malignant ulcer of stomach

Due to: Generalized Metastases

Due to:

Other conditions: 46 B (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: yes as above

Duration

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: James C. Walker (M. D. or other)
Address: 1424 Brown Date signed: 6-12-45

(Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.