

FILED JUL 30 1945

Registration District No. 15

Primary Registration District No. 073

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural Northfork (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6 & 1/2 mile S. W. Lamar Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

In this community 70 years

3. (a) PRINT FULL NAME Caroline Elizabeth Morgan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Morgan

6. (c) Age of husband or wife if alive 11 years 1869

7. Birth date of deceased: Jan, 11 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business Same

12. Name Shadrick Mitchell

13. Birthplace Knoxville Tenn (City, town, or county) (State or foreign country)

14. Maiden name Adeline Rankins

15. Birthplace Unknown Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Crocket

(b) Address Lamar, Missouri R.R.

17. (a) Rural (b) Date thereof June 5-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakton Cemetery

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Mo.

19. (a) 6-6-45 (b) Martha Rivers (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. 6 & 1/2 mile S. W. Lamar Mo. (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1945 hour 6 minute 0 P.-M.

21. I hereby certify that I attended the deceased from 5-1-45 to 6-8-45 that I last saw her alive on 6-8-45 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to High blood pressure

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]

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 _____

23. Signature W. H. Knott (M. D. or other)

Address Jasper Mo. Date signed 6-4-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 745-806

Date Filed JUL 24 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

Phus J. Tuttle

Licensed Embalmer No. 25-66

P. O. Address *Gasper 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.