

8. No. 2
-3-13
5-17-39
1 X37823

FILED SEP 8 1945

STANDARD CERTIFICATE OF DEATH

State File No. 27710

Registration District No. 164

Primary Registration District No. 5597

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
RFD. #1 Centerview Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether

In this community 25 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD. Centerview Mo. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Leonard Leroy Morgan

3. (b) If veteran, name war no

3. (c) Social Security No. 500-10-7559

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1915 years

7. Birth date of deceased Mar 23 1915
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7 year 1945 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 44 1944 to Aug 7-45 1945 that I last saw him alive on 8-2-45 1945 and that death occurred on the date and hour stated above.

8. AGE: * Years Months Days If less than one day

30	4	15	hr. min.
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Immediate cause of death Ex Pulmo T. B - ?

Due to

Due to

Other conditions 136
(Include pregnancy within 3 months of death)

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

10. Usual occupation Bookkeeper

PHYSICIAN

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Leroy J Morgan

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

14. Maiden name Ethel Perry

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

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? Sunset Hill
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs Ethel Morgan

(b) Address Rfd. # 1 Centerview Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 8-9-45
(Month) (Day) (Year)

(c) Place; burial or cremation Sunset Hill

18. (a) Signature of funeral director: S eeney Phillips

(b) Address Warrensburg Mo.

19. (a) Aug 8 1945
(Date received local registrar)

(b) Leola M. Williams
(Registrar's signature)

While at work? no
(Specify type of place)

(c) Means of injury no

23. Signature R. F. McKimney (M. D. or other) MSD

Address Warrensburg Mo. Date signed 8-8-45

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

1001

MAY 15 1953

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. Earl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.