

S. No. 2
1-9-43
5-17-39
I X37823

FILED DEC 29 1945

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirklin, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 6
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 5/6
(c) City or town La Belle - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Jewell Morgan

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

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Mrs. LOLA MORGAN 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April 26 1893
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Lewis Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William S Morgan
13. Birthplace Lewis Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Adair 15. Birthplace Mos
(City, town, or county) (State or foreign country)

16. (a) Informant Max Wilson
(b) Address La Belle Mo

17. (a) Burial (b) Date thereof Nov 17 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation La Belle

18. (a) Signature of funeral director Thomas Bell
(b) Address C. W. Bell

19. (a) 11-26-45 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1945 hour 1 minute 57 A.M.
21. I hereby certify that I attended the deceased from Nov 9, 1945, to Nov 15, 1945
that I last saw him alive on Nov 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Diffuse Generalized Peritonitis
Due to Gangrenous ruptured appendix
Due to _____

Other conditions 12 1/2"
(Include pregnancy within 3 months of death)

Major findings: Diffuse Peritonitis due to Gangrenous ruptured appendix
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Leal Hargler (M. D. or other) D.O.
Address Fertwell, Mo Date signed 11-20-45

1614

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

actors - White & family
Hight & family

gray - Ineff. Gray
13 in. ...
F. J. Skirvin & family

61-9 27
30-4 EARL
91-11-5641

RECEIVED

District Health Officer No. 10

District File Number 12-45-18707

Date Filed DEC 20 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 Bowden Deaty

Licensed Embalmer No. 4379

P. O. Address Kennett 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.