

S. No. 2  
M-5-43  
v. 5-17-39  
X36621

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42741**  
Registrar's No. **152**

Registration District No. **382**

Primary Registration District No. **3076**

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

**1. PLACE OF DEATH:**

(a) County Vernon  
 (b) City or town Nevada  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
528 W. Lee St. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 7 years. (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Vernon 108  
 (c) City or town Nevada 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 528 W. Lee 20  
 (If rural, give location) 0  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Franklin C. Morgan  
 (b) If veteran, name war No.  
 (c) Social Security No. ✓

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Dec day 29  
 year 1945 hour 10:30 minute a M.  
 21. I hereby certify that I attended the deceased from  
Dec - 26 - 1945 to Dec - 29 - 1945  
 that I last saw him alive on Dec - 28 - 1945  
 and that death occurred on the date and hour stated above.

4. Sex Males 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Abbie Jane Morgan  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 1 St. 1847.  
 (Month) (Day) (Year)

Immediate cause of death Congestive heart failure  
 Due to Senility  
 Due to \_\_\_\_\_

**8. AGE:** Years 98 Months 8 Days 28  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions gangrene of left toe - no operations  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations no operations  
 Of autopsy none

9. Birthplace Maquoketa, Iowa 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Morgan

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

14. Maiden name Mary Scott

15. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. F. Heberlein 1  
 (b) Address 528 W. Lee

17. (a) Removal (b) Date thereof Not known  
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Marb. E. Buehler  
 (b) Address Nevada, Mo.

19. (a) 1-2-46 (b) Kathryn Yancy  
 (Date received local registrar) (Registrar's signature)

**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 [Signature] (M. D. or other)  
 Address Nevada, Mo. Date signed 12-29-45

RE  
OF  
CREDIT No. 7,  
Number of bodies \_\_\_\_\_ 12-45-1290  
Date filed \_\_\_\_\_ 1-9-46

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**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 Mark Eechinger  
Licensed Embalmer No. 2656  
P. O. Address Nevada, 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.**