S. No. 2
M—2-43
. 5-17-39
I X35697

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

4983

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5994

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 36

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: INDEPENDENCE SANITARIUM & HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MONTH 3 DAYS (Specify whether years, months or days)
In this community 1 MONTH 3 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3300 LINWOOD BLVD. 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MISS ELIZABETH MORGAN
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE 1
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 years
7. Birth date of deceased 7 (Month) 20 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
54	6	9	hr. min.

9. Birthplace BEVIER (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation PUBLIC SCHOOL TEACHER
11. Industry or business K.C. PUBLIC SCHOOLS.
12. Name JOHN MORGAN (Father)
13. Birthplace NO RECORD (City, town, or county) WALES 4 (State or foreign country)
14. Maiden name ELIZA LEWIS (Mother)
15. Birthplace NO RECORD (City, town, or county) WALES 4 (State or foreign country)
16. (a) Informant MISS MAUD GUNSOLLEY
(b) Address 3300 LINWOOD K.C. MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 ; 31 ; 1946 (Month) (Day) (Year)
(c) Place: burial or cremation MOUND GROVE CEMETERY
18. (a) Signature of funeral director Henry W. Stark
(b) Address 815 W. MAPLE AVE.
19. (a) 1-31-46 (Date received local registrar) (b) James L. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 29 year 1946 hour 5 minute 23 A.M.
21. I hereby certify that I attended the deceased from 8/5, 1929 to 1/29/46, 1946; that I last saw her alive on 1/29, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma rt. ovary	3 yrs
Cystadenoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations H&W
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 Christ Graske (M. D. or other)
Address Independence, Mo. Date signed 1/29/46

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(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1945

MAR 4 1946

AUG 6 1946

OCT 1 1946

MAR 27 1946

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 Henry W. Stahl

Licensed Embalmer No. 3181

P. O. Address Independence

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.