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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30100

Registration District No. 187 Primary Registration District No. 4218 Registrar's No. 178

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Windsor, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 710 S. Tebo Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry 42
(c) City or town: Windsor, (If outside city or town limits, write "RURAL") 2
(d) Street No.: 710 Tebo Street, (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: ____

3. (a) PRINT FULL NAME: Davis Franklin Morgan
3. (b) If veteran, name war: ____
3. (c) Social Security No.: ____
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: M 1
6. (b) Name of husband or wife: Marjorie Mann
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: February 3, 1901 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	7	12	____ hr. ____ min.

9. Birthplace: Linn Creek, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Truck driver
11. Industry or business: Truck driver for self
FATHER 12. Name: ~~Davis~~ Sam Morgan
FATHER 13. Birthplace: unknown (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name: Mary Washburn
MOTHER 15. Birthplace: unknown (City, town, or county) (State or foreign country) 4
16. (a) Informant: Chester B. Morgan
(b) Address: Windsor, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Sept. 18, '46 (Month) (Day) (Year)
(c) Place: burial or cremation: Windsor, Missouri
18. (a) Signature of funeral director: Elbert Austin
(b) Address: Windsor, Missouri
19. (a) 9-24-46 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1946 Chronic Nephritis minute 4 P.M.
21. I hereby certify that I attended the deceased from Oct. 7 19 to ____ 19 ____; that I last saw ____ alive on ____ 19 ____; and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide and death was immediate shot
Due to: himself with a 12 gauge
Due to: shotgun in Pecan
Other conditions: ____
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: 164C
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): Suicide
(b) Date of occurrence: 9/15/46
(c) Where did injury occur? Windsor Henry Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury: 12 gauge
23. Signature: R. S. Hallingquist (M.D. or other)
Address: Clinton Mo. Date signed 9/15/46

120 (Licensed Embalmer's Statement on Reverse Side)

JUL 23 1947

RECEIVED

Date Filed 9-46-983
10-3-46

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 Eddie Dunlow

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.