

FILED NOV 14 1946

Registration District No. 336

Primary Registration District No. 6206

Registrar's No. 70

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

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1. PLACE OF DEATH:

(a) County Texas
 (b) City or town Rural Jackson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mos.
(Specify whether)
 In this community 3 mos. years, months or days

3. (a) PRINT FULL NAME JOHN THOMAS MORGAN
 3. (b) If veteran, name war —
 3. (c) Social Security No. —

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Arabelle Morgan 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased 10 7 18 62
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Texas Co. mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Green Morgan
 12. Name State of mo
(City, town, or county) (State or foreign country)
 14. Maiden name Marjorie Greith
 15. Birthplace State of mo
(City, town, or county) (State or foreign country)

16. (a) Informant Arabelle Morgan
 (b) Address 1011 W. Mansfield St., mo

17. (a) Burial (b) Date thereof 10/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (c) Signature of funeral director Arthur V. Elliott
 (b) Address Houston mo

19. (a) 10-30-1946 (b) Onyette Craig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Texas
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 1 mi S. of Oscar
(If rural, give location)
 (e) Citizen of foreign country? — (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
 year 1946 hour 1 minute 00 P. M.
 21. I hereby certify that I attended the deceased from Oct 7 19 46
 to Oct 7 19 46
 that I last saw him alive on Oct 3 19 46
 and that death occurred on the date and hour stated above.

Immediate cause of death Apparent
Choked to death
 Due to —
 Due to —

Other conditions —
(Include pregnancy within 3 months of death)
 Major findings: Of operations —
 Of autopsy 315

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) (e) Means of injury —
 23. Signature L. L. Randall (M. D. or other) —
 Address Lubbock, Mo Date signed 10-28-1946

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1946

RECEIVED

District Health Officer No. 5,

District File Number 1146616

Date Filed 11-13-46

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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.....

No Embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.