

No. 2
2-45
7-39
47070

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 81

1. PLACE OF DEATH:

(a) County Jaeger

(b) City or town North City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1118 BROADWAY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community life years, months or days

3. (a) PRINT FULL NAME William Lloyd 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 Widowed

6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 20 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 6 23 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joseph Morgan

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

14. Maiden name Jessie Burnett

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

16. (a) Informant Paul Simpson

(b) Address North City MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1947
(Month) (Day) (Year)

(c) Place: burial or cremation PARK CEMETARY

18. (a) Signature of funeral director North City Mort Co

(b) Address North City Mo

19. (a) MAY 16 1947 (Date received local registrar) (b) P. J. Pritchett (Registrar's signature) 1947

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jaeger

(c) City or town North City
(If outside city or town limits, write "RURAL")

(d) Street No. 1118 N. Broadway
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1947 hour 19 25 minute P M.

21. I hereby certify that I attended the deceased from 6:30 PM May 13 1947 to May 13 1947; that I last saw him alive on May 13 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary congestion at least 1 wk

Due to Cardiac decompensation probably 1 mo.

Due to arteriosclerosis unknown

senility

Other conditions _____ (Include pregnancy within 8 months of death)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

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 Don A. Aarason (M. D. or other) Don Aarason

Address North City Mo Date signed 5-14-47

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 81

Registration District No. 155 Primary Registration District No. 3127

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Wm L. 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 wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 30 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) MAY 16-1947 (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY 1947 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

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

Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

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