

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23314

State File No. _____

FILED JUL 25 1947

Registration District No. 75

Primary Registration District No. 5067

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Iantha
(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 39 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LOUELLA MORGAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased November 28 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 14 If less than one day hr. _____ min. _____

9: Birthplace Clark Hill, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Wilson

13. Birthplace U 7
(City, town, or county) (State or foreign country)

14. Maiden name Rhoda Royer

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

16. (a) Informant Mrs. George Wolf

(b) Address Iantha, Missouri

17. (a) Burial (b) Date thereof July 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iantha Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) JUL 15 1947 (b) Mamie Konantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1947 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 22 1947, to July 12 1947, that I last saw her alive on July 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 Day

Due to _____

Due to _____

Other conditions Chronic Myocarditis yrs. _____
(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 _____

23. Signature Jim T. Bickel (M. D. or other) M.D.

Address Lamar, Mo. Date signed 7/17/47

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

RECEIVED

District Health Officer No. 6

District File Number 747-748

Date Filed JUN 21 1947

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.....

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.