

FILED DEC 15 1947  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution **General Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days** **0**  
(Specify whether)

In this community **lifetime**  
years, months or days

3. (a) PRINT FULL NAME **JAMES MARTIN MORGAN**

3. (b) If veteran, name war **World War II**

3. (c) Social Security No. **none**

4. Sex **male** **0**

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 **0** years

7. Birth date of deceased **Feb. 6, 1922**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>25</b>	<b>9</b>	<b>20</b>	hr. min.

9. Birthplace **Chicago, Ills.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business

12. Name **James Martin Morgan**

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

14. Maiden name **Margaret Phillips**

15. Birthplace **Slater, Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Helen Morgan**

(b) Address **2813 Holmes K. C. Mo.**

17. (a) **burial** (b) Date thereof **11/29/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Md Grove Cem. Indep. Mo.**

18. (a) Signature of funeral director **Thos G. Carson**

(b) Address **Independence, Mo.**

19. (a) **12-1-47** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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. **2813 Holmes** **8**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26**  
year **1947** hour **3:00** minute **P** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 **Shock**

Due to **Skull Fracture**

Due to **Auto Trauma**

Other conditions **(2 car collision) of 170c**

Major findings: **Deputy Coroner**

Of autopsy: **See Above.**

Duration

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) **Accident 123**

(b) Date of occurrence **11/24/47**

(c) Where did injury occur? **Kansas City Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place? **0**

While at work? **No** (Specify type of place)

Means of injury **Trauma**

23. Signature **A. E. Upsher** (M. D.)

Address **2800 Main**

DEC 15 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

*William H. Schlanke*

Registered Apprentice No. *439*

working under my personal supervision.

Signed

*R A Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Indyville, MS.*

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.