

S. No. 2
K-17/47
7-5-17-39

Registration District No. **41266**

Primary Registration District No. **41265**

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

1. PLACE OF DEATH:

(a) County **Daviess**

(b) City or town **Gallatin**
(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 **5 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**

(c) City or town **Gallatin**
(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 **Bert Emerson Morgan**

3. (b) If veteran, name war **None**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Eather Morgan** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **January 6 1885**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|-----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| 62 | 10 | 18 |hr.min. |

9. Birthplace **Daviess-County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **County Clerk**

11. Industry or business **Daviess County Missouri**

12. Name **Daniel Emerson Morgan**

13. Birthplace **Daviess County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy A. Stowe**

15. Birthplace **Unknown North Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bert E. Morgan**

(b) Address **Gallatin, Missouri**

17. (a) **Burial** (b) Date thereof **11-28-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Scotland Cemetery**

18. (a) Signature of funeral director **Hope Funeral Home**

(b) Address **Gallatin, Missouri**

19. (a) **12-6-47** (b) **Virginia M. Engel**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November**, day **24**
year **1947** hour **11** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **Jan 1943** to **Nov. 24 1947**
and that I last saw him alive on **Nov. 24 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death
Copious thrombosis
Cardio-Renal Vascular Degeneration
Hypertension (Essential)

Due to **5 yrs.**

Due to **" "**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations **97H**

Of autopsy.....

Underline the cause of 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? (Specify type of place).....

While at work..... Means of injury **P.**

23. Signature **Fred E. Helms** (M. D. or other)
Address **Gallatin, Mo.** Date signed **11-25-47**

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

L. O. Dickerson

Licensed Embalmer No. *03307*

P. O. Address *Hallsville, 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.