S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 19 1947

Registration District No. 275

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3053

State File No. 42613

Registrar's No. 82

1. PLACE OF DEATH:
(a) County: Phelps
(b) City or town: Rolla Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 500 West 9th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 15 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Phelps 81
(c) City or town: Rolla 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 500 West 9th. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Rowena L. Morgan
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Fe. 1
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: S. 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Dec. 7 1864 (Month) (Day) (Year)

8. AGE: Years 83 | Months 11 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Iowa 1 (City, town, or county) (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
MOTHER FATHER
12. Name: Thomas Morgan
13. Birthplace: Iowa 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lucinda Borders
15. Birthplace: Iowa 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Vera Jenkins
(b) Address: 500 W 9th St., Rolla Mo
17. (a) Burial 1 (Burial, cremation, or removal) (b) Date thereof: 12-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Rolla Cem.
18. (a) Signature of funeral director: Null & Sons F.H.
(b) Address: Rolla Mo
19. (a) 12-10-47 (Date received local registrar) (b) Nadine L. Steel (Registrar's signature) 200

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1947 hour 3 minute 25 P.M.
21. I hereby certify that I attended the deceased from Dec. 2, 1947, to Dec. 5, 1947, that I last saw her alive on Dec. 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Pneumonia — Duration: 4 days
Due to: —
Due to: —
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings: Of operations: None
Of autopsy: None

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): None
(b) Date of occurrence: None
(c) Where did injury occur? None (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: — 0
23. Signature: M K Underwood M.D. (M.D. or other)
Address: M. K. UNDERWOOD, M. D. ROLLA, MISSOURI Date signed 12-10-47

(Licensed Embalmer's Statement on Reverse Side)

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 Paul E. Null, Registered Apprentice No. 428, working under my personal supervision.

Signed S. L. Null

Licensed Embalmer No. 3394

P. O. Address Rolla 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.