

Registration District No. **13**

Primary Registration District No. **3003**

1. PLACE OF DEATH:

(a) County **Barry**  
(b) City or town **Monett**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **906 3rd St 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether  
in this community **entire life** years, months or days)

3. (a) PRINT FULL NAME **LEVI CALVIN MORGAN**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **4488**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **MAUD RAKES MORGAN**  
6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **January 6 1881**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **11** Days **0**  
If less than one day hr. min.

9. Birthplace **Seligman Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired P.R. Conductor**

11. Industry or business **None**  
Name **Willie Morgan**

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

14. Resident name **Cinda Ann Galt**  
(City, town, or county) (State or foreign country)

(a) Informant **Mrs. L. C. Morgan**

(b) Address **906 3rd Rt. Monett Mo.**

(c) Place: burial or cremation **200 F. Carr. Monett Mo.**

18. (a) Signature of funeral director **Bellaway Funeral Home**  
(b) Address **Monett Mo.**

19. (a) **12-9-47** (b) **W. M. West**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**  
(c) City or town **Monett**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **906 3rd St.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **6**  
year **1947** hour **1** minute **30** A. M.  
21. I hereby certify that I attended the deceased from **Dec 5**  
19 **47** to **Dec 6 19 47**  
that I last saw him alive on **Dec 6**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary disease 3 hrs**  
Duration

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **94P**  
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) Location of injury  
23. Signature **Frank R. West MD** (M. D. or other)  
Address **Monett Mo.** Date signed **12/8/47**

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

CONFIDENTIAL  
Care of the  
12/8/47

RECEIVED  
District Health Officer No. 67  
District File Number 148-76  
Date Filed JAN 1 1948

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

*J. R. Buchanan*

Licensed Embalmer No. 3179

P. O. Address

*Monett 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Barry } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 21st day of April, 1949, before me appears Mrs. Maude Morgan (Mrs. L.C.), who, upon her oath, states that the original record of ~~Birth~~ death for Levi Calvin Morgan <sup>died</sup> ~~born~~ December 6, 1947, 19...., in the State of Missouri, and which was filed at ..... on....., 19...., should be corrected as follows:

Item No. .... should read .....

Instead of .....

Item No. 6 (c) should read 63 years

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Maude Morgan Relationship.

602-4<sup>th</sup> St. Mondak Mo Present Address.

Subscribed and sworn to before me this 21st day of April, 1949.

My Commission expires 4/9/57 Marie Randall Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

4-23-49  
CK-209

44112