No. 2
2-45
7-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 264

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 126

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 - Mo 9 da (Specify whether
In this community 1 Mo. 9 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3438 Prospect Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vena Morgan
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Sep
6. (b) Name of husband or wife no George Morgan
6. (c) Age of husband or wife if alive 71+ years
7. Birth date of deceased January (Month) 18 (Day) 1880 (Year)

8. AGE: Years 67 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Barnsville, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Jasper N. McLaughlin
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name Elizabeth Johnston
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant Record Hospital #2
(b) Address St Joseph Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Kan
18. (a) Signature of funeral director Earl A Clark
(b) Address 120 Illinois Ave St Joseph Mo.
19. (a) 2-3-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1948 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from 11-24 1947 to 1-3 1948
that I last saw her alive on 1-2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Decompensation
Due to Cardiovascular Disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(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? (e) Means of injury
23. Signature E. E. Salyer (M. D. or other)
Address St Joseph Mo Date signed 1/3

(Licensed Embalmer's Statement on Reverse Side) State Hospital #2

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 Max E. Meyer, Registered Apprentice No. 49, working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.