S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9458

FILED MAR 23 1948

Registration District No. 2187

Primary Registration District No. 4328

Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County Mississippe
(b) City or town Bertrand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mississippe (b) County Mississippe
(c) City or town Bertrand, Mo. 67
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME HENRY MORGAN
3. (b) If veteran, name war .....
3. (c) Social Security No. 1
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Suzie Morgan
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov., 24 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Self
FATHER
12. Name T. M. Morgan
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy McCall
15. Birthplace Unknown 1
(City, town, or county) (State or foreign country)
16. (a) Informant Wife
(b) Address Bertrand Mo.
17. (a) Burial (b) Date thereof 3-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cenetary
18. (a) Signature of funeral director Taylor Funeral Home
(b) Address Sikesston, Mo.
19. (a) 3-15-48 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature) 14

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1948 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 1, 1948 to March 5th, 1948 that I last saw him alive on March 4, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia | 2 days |
| Due to: Carcinoma prostate | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
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? ..... (e) Means of injury 0

23. Signature A. J. Martin (M. D. or other)
Address Sikeston Mo Date signed 3-10-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 548-3
Date Filed 3-22-

APR 12 1954

MAR 29 1954

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 James M Scott

Licensed Embalmer No. 4250

P. O. Address East Prairie

**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.