No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

Registration District No. 14

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5562

State File No. 12375

Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Rural- Arcadia Twp.
(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 ..... (Specify whether years, months or days)
In this community: 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Iron
(c) City or town: rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 1 mile southwest of Arcadia, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Ella Morgan
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Willis E. Morgan
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 26 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
76	9	23	..... hr. ..... min.

9. Birthplace: Cedar county (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: at home

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Martin Yakley
(b) Address: Arcadia, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Arcadia, Mo.
18. (a) Signature of funeral director: White Funeral Home
(b) Address: Ironton, Mo.
19. (a) 3-8-48 (Date received local registrar) (b) Avis Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from by Coroners duties, 19..... to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, Acute	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: ?	
Of autopsy: none	

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? ..... While at work? ..... (Specify type of place)
(e) Means of injury: 3

23. Signature: Chas Hamplof Coroner (M. D. or other)
Address: Annapolis, Mo. Date signed: 2/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

CEIVED

ict Health Officer No. 4

istrict File Number 348-34

Date Filed 3-12-48

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 Ansel J. White

Licensed Embalmer No. 3012

P. O. Address Fulton Ill.

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.