

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22337**
Registrar's No. **250**

FILED AUG 9 1948
Registration District No. **43**

Primary Registration District No. **5142**

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

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Harviell, Mo. — R. 1**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 mi. South on Hi-way 14
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **12 1/2 days**
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Butler**
(c) City or town **R. 1 — Harviell, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **Hi-Way 14 - South**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Yvonne Morgan**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 8, 1946**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **23** year **1948** hour **4:00** minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 **7** **15** hr. _____ min.
9. Birthplace **Detroit, Mich.**
(City, town, or county) (State or foreign country)

Immediate cause of death **Asphyxiation**
Due to **drowning by falling in toilet**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name **James A. Morgan**
13. Birthplace **Poplar Bluff, Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen High**
15. Birthplace **Fairdeal, Mo**
(City, town, or county) (State or foreign country)
16. (a) Informant **J. M. Morgan**
(b) Address **R. 1 — Harviell, Mo**
17. (a) **BURIAL** (b) Date thereof **7-26-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kinsey — Butler Co., Mo**
18. (a) Signature of funeral director **Frank Cotrell**
(b) Address **Poplar Bluff, Mo**
19. (a) **8/4/48** (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **July 23 - 1948**
(c) Where did injury occur? **Butler 12 mi**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm home
While at work? **No** (Specify type of place) (e) Means of injury **falling out of 4 feet well**
23. Signature **Yvonne Weiler** (Date signed **July 24, 1948**)
Address **Poplar Bluff, Mo**

RECEIVED

District Health Office No. 2

District File Number 848-99

Date Filed 8-7-46

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 Chover W Green

Licensed Embalmer No. 2964

P. O. Address Coplar Bluff

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.