

No. 2  
8-43  
7-39  
X37823

FILED SEP 3 1948

State File No.

Registration District No. 524

Primary Registration District No. 6093

Registrar's No. 179

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mo. State School  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs. 9 mt. 1948  
(Specify whether years, months or days)

In this community 8 yrs 9 mo 1948

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. 2545 Gillham  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME Glenn Laver Morgan

3. (b) If veteran, name war.

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20  
year 1948 hour 6 minute 30 P.M.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Jan 18 1923  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1948 to Aug. 19, 1948  
that I last saw him alive on 8-19, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death myo-carditis

Duration

8. AGE: Years Months Days If less than one day  
25 7 2 hr. min.

Due to

Due to

9. Birthplace Nebraska  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 E

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Glenn L. Morgan

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

14. Maiden name Margaret Hayden

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Records: Mo State School

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Aug 27-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bradfield Mo.

18. (a) Signature of funeral director Campbell-Rose

(b) Address Marshall - Mo

19. (a) Aug-21-1948 (b) Edw J Gray  
(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)

(b) Date of occurrence

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

23. Signature J. P. Keeley (M. D. —)

Address Marshall, Mo. Date signed 8/20/48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-1-48

SEP 3 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 Joe H. Rini

Licensed Embalmer No. 1171

P. O. Address Marshall 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.