

S. No. 2
DM-5-43
v. 5-17-39
I X36671

State File No. _____

FILED NOV 15 1948

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 1
(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) 3 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Odessa
(If outside city or town limits, write "RURAL")

(d) Street No. RR# (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Patrick Franklin Morgan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 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 (Day) (Year)

7. Birth date of deceased October 30, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0	0	3	hr. min.
---	---	---	----------

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER

12. Name Louis Morgan

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

14. Maiden name Maxine Barker

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

16. (a) Informant Louis Morgan

(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Nov. 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barker Cem., Odessa, Mo.

18. (a) Signature of funeral director: Husman Sparks

(b) Address Odessa, Mo.

19. (a) Nov 2 1948 (b) Letta Drummond
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1948 hour 12 minute 30 AM

21. I hereby certify that I attended the deceased from 10-30 to 11-2 1948

that I last saw him alive on 11-1-48 and that death occurred on the date and hour stated above.

Immediate cause of death Duffer respiratory infection Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) None

Major findings: _____

Of operations _____

Of autopsy No autopsy

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) No

(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 W. J. Martin MD (M. D. or other) _____

Address Odessa Mo Date signed 11-2-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-12-48

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 *Irving L. Kusman*

Licensed Embalmer No. *7548*

P.O. Address *Albany 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.