

FILED NOV 16 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35704

State File No. ....

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1184

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community 40 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 722 N. 6th Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd  
year 1948 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Apr. 10  
1948, to Nov. 2, 1948  
that I last saw her alive on Nov. 1, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
myocardial failure 10 min.

Due to myocardial weakness 2 yrs.

Due to .....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

Of autopsy .....

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? .....

3: (a) PRINT FULL NAME Emma Elizabeth Morgan

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Jack L. Morgan 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 22 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Atchison County Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

12. Name Aaron B. Evans

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

14. Maiden name Rocy Tannyhill

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

16. (a) Informant Mrs. Fay B. Ruesh

(b) Address 909 Frederick Ave., St. Joseph, Mo.

17. (c) Removal (b) Date thereof Nov. 4 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muscotah, Kansas.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 11-5-48 (b) h. h. Jenkins  
(Date received local registrar) (Registrar's signature)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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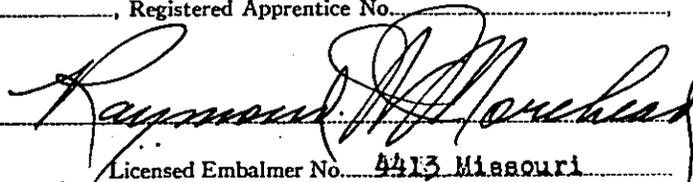
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed



Licensed Embalmer No. 4413 Missouri.....

P. O. Address St. Joseph, 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.**