

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1090

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4317 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>mo</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Wich</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Wich</i>	
c. LENGTH OF STAY (In this place) <i>15 yrs</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at Home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Amanda Belle</i> b. (Middle) <i>Morgan</i> c. (Last) <i>Morgan</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1-4-49</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>April 14 1870</i>	9. AGE (In years) (Last birthday) <i>78</i>	IF UNDER 1 YEAR Days <i>4</i>	IF UNDER 4 HRS. Hours <i>14</i>	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Keeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>James M. Hendrick</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Brooks</i>		14. NAME OF HUSBAND OR WIFE <i>John W. Morgan</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>J. F. Meyer</i> ADDRESS <i>Creighton, Mo.</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart disease, also blood</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>W. P. Ross' Disease</i>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>334</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <i>334</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>✓</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *Jan 21-1949*, to *Jan 21, 1949*, that I last saw the deceased alive on *Jan 21, 1949*, and that death occurred at *2:45* m., from the causes and on the date stated above.

23a. SIGNATURE <i>A. L. McDonald M.D.</i> (Degree or title)	23b. ADDRESS <i>Wich Mo</i>	23c. DATE SIGNED <i>1-5-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-7-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Wich Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Wich mo</i>
DATE REC'D BY LOCAL REG. <i>1-6-49</i>	REGISTRAR'S SIGNATURE <i>R. R. Kenney</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. D. Burman</i> ADDRESS <i>Wich Mo</i>	

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

RECEIVED
District Health Officer No. 7,
District File Number 12-48-562
Date Filed 1-10-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed R P Kenney

Licensed Embalmer No. 2099

P. O. Address Clinton 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.