

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4288

BIRTH NO.		REG. DIST. NO. 61		PRIMARY REG. DIST. NO. 4107		Registrar's No. 22			
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Cedar					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Mo		c. LENGTH OF STAY (in this place) 1 12 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Mo					
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME				d. STREET ADDRESS (If rural, give location) South Kirkpatrick					
3. NAME OF DECEASED (Type or Print) JAMES BUCANNAN MORGAN			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Feb 15-1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH July 3 1956		9. AGE (in years last birthday) 92		10. IF UNDER 1 YEAR Months Days Hours Min.	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wheeling W. Va 1	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Morgan		13b. MOTHER'S MAIDEN NAME Mat Krumm		14. NAME OF HUSBAND OR WIFE Willie Morgan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Morgan Appleton City Mo					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic hypertrophic arthritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1247						INTERVAL BETWEEN ONSET AND DEATH 4 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		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 8 Nov, 1948, to 15 Feb, 1949, that I last saw the deceased alive on 14 Feb, 1949, and that death occurred at 3:52 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John J. Hill M.D.				23b. ADDRESS Eldorado Springs, Mo.				23c. DATE SIGNED 16 Feb 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-17-49		24c. NAME OF CEMETERY OR CREMATORY Appleton City		24d. LOCATION (City, town, or county) (State) Appleton City Mo			
DATE REC'D BY LOCAL REG. FEB. 16, 1949		REGISTRAR'S SIGNATURE 418 George W. Nefus		25. FUNERAL DIRECTOR'S SIGNATURE Nefus Funeral Home, Appleton, Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 1-49-11

Date Filed 2-21-49

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 George W. Nafus

Licensed Embalmer No. 2752

P. O. Address El Dorado 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.