

FILED FEB 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5320**

BIRTH NO. _____		REG. DIST. NO. <b>155</b>		PRIMARY REG. DIST. NO. <b>3127</b>		Registrar's No. <b>51</b>			
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>		c. LENGTH OF STAY (In this place) <b>56 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Jane Chinn Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>707 West Broadway</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b>			b. (Middle) <b>J</b>		c. (Last) <b>Morgan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 7 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 8, 1866</b>		9. AGE (In years last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>North Dakota</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>William Rod</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jed Ashcraft, Atchinson, Kansas</b>				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH <b>17 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>						1 yr	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>444X</b>						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 <b>Jan 21, 1949</b> , to <b>Feb 7, 1949</b> , that I last saw the deceased alive on <b>Feb 7, 1949</b> , and that death occurred at <b>8:20 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Deceased or title) <b>W. W. White, M.D.</b>				23b. ADDRESS <b>Webb City, Mo.</b>			23c. DATE SIGNED <b>2/9/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 9, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Webb City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>FEB. 9; 1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston-Arnce-Simpson, Webb City, Mo.</b>				

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

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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, ~~as by~~.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Harvey G. Dineen.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4463

P. O. Address Wall City, 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.