

FILED OCT 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30009**  
Registrar's No. **219**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5512**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Holly Creek</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		d. STREET ADDRESS (If rural, give location) <b>near wich mo</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>11</b>			d. STREET ADDRESS (If rural, give location) <b>near wich mo</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lucy Ann</b> b. (Middle) <b>Ann</b> c. (Last) <b>Morgan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 1 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 25 1872</b>	9. AGE (In years last birthday) <b>76</b>	10. IF UNDER 1 YEAR Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Henry Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John L. Harrington</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa A. Boarden</b>		14. NAME OF HUSBAND OR WIFE <b>Ruben M. Morgan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. E. Morgan Wich Mo.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Hip (Right)</b>	DUE TO (b) <b>Chronic nephritis</b>			<b>5 1/2 yrs.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <b>Senility</b>			<b>3 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>Senility</b>			<b>3 yrs</b>

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)
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 **1943** to **1949** that I last saw the deceased alive on **July**, 19**49**, and that death occurred at **5:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **J. S. McDonald M.D.** (Degree or title) 23b. ADDRESS **Wich Mo** 23c. DATE SIGNED **10-1-49**

24a. BURIAL CRYPT (If removed)	24b. DATE <b>Oct 2-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Harris Ameter</b>	24d. LOCATION (City, town, or county) (State) <b>near wich. Henry Mo</b>
DATE REC'D BY LOCAL REG <b>Oct 2-49</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	422	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. J. Brewer Wich Mo</b>

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

RECEIVED

District Health Officer No. 7,

District File Number 9-49-12

Date Filed 10-10-89

SEP 7 1989

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. R. Kenney

Licensed Embalmer No. 3099

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.