

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34619

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 271 PRIMARY REG. DIST. NO. 4400 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pemiscot</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bragg City</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bragg City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>			d. STREET ADDRESS (If rural, give location) <u>Po Box 127</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Shirley</u> c. (Last) <u>Morgan Jr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>26</u> <u>49</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>/</u>	8. DATE OF BIRTH <u>July.28-1941</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	IF UNDER 14 HRS. Hours <u>17</u> Min. <u>35</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bragg City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William S. Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Tate</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William S. Morgan. Bragg City. Mo</u>		
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia, Acute Myelogenous</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</u>
	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.				<u>2041</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)	
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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?		
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22. I hereby certify that I attended the deceased from Sept 4, 1949, to Sept. 26, 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 12:35 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George G. Quinners M.D.</u>		23b. ADDRESS <u>U. Kennett, Mo</u>		23c. DATE SIGNED <u>9-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett. Mo</u>	
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DATE REC'D BY LOCAL REG. <u>10-10-49</u>	REGISTRAR'S SIGNATURE <u>John St. German</u> <u>406</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lentz Funeral Home. Kennett. Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-49-300

NOV 1 Recd

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Edgar Lee Ford
Licensed Embalmer No. *4433*

P. O. Address *Kennett m*

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.