

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1004

No. 300
10.48

MAR 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (to this place) <u> </u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>Rural</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8520 Woodland</u> <u>0487</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>O.</u>		c. (Last) <u>Morgan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>1</u> <u>52</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9/3/84</u>	
9. AGE (In years last birthday) <u>67</u>		F UNDER 1 YEAR Months		F UNDER 1 YEAR Days		F UNDER 1000 Hrs. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired transfer man</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				13a. FATHER'S NAME <u>Hiram Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Hester Ann Shepherd</u>	
14. NAME OF HUSBAND OR WIFE <u>Olive May</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hester Ann Shepherd</u>				ADDRESS <u>K.C. Mo.</u>			
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) <u>Leukemia Leukemia -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Monocytic -</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Lobular Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>112</u> <u>20</u>	
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 <u> </u> , 19 <u> </u> , to <u> </u> , 19 <u> </u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Russell W. Kerr MD (Degree or title)</u>				23b. ADDRESS <u>St. Joseph Hospital</u>		23c. DATE SIGNED <u>1-Mar-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/1/52</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Warrensburg</u> <u>Mo</u>	
DATE REC'D BY LOCAL REG <u>3-3-52</u>		REGISTRAR'S SIGNATURE <u>Maedine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O'Leary-Phillips</u> ADDRESS <u>Warrensburg</u>			

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

Nov. 25-40
Mrs. M. J. ...
(68 primary)

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

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrsburg, N.C.

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.