No. 300
10-48 FILED DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39255

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 154

512

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

1. PLACE OF DEATH
a. COUNTY Johnson,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg,
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Warrensburg Medical Center,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri, b. COUNTY Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg, 0512
d. STREET ADDRESS (If rural, give location) 413 West Market Street.

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) Geneva c. (Last) Morgan,

4. DATE OF DEATH (Month) (Day) (Year) Nov. 16th, 1952

5. SEX Female 3
6. COLOR OR RACE Colored,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married, 1
8. DATE OF BIRTH 3-19-1925
9. AGE (In years last birthday) 27 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress, Presser
10b. KIND OF BUSINESS OR INDUSTRY at City Steam Laundry,
11. BIRTHPLACE (City and State or Foreign Country) Johnson Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William E. Harrison,
13b. MOTHER'S MAIDEN NAME Verna Foy,
14. NAME OF HUSBAND OR WIFE Percy Morgan, Warrensburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 488-32-7186
17. INFORMANT'S SIGNATURE OR NAME Mr. W.E. Harrison, ADDRESS Warrensburg, 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) Brain concussion and multiple fractures received in an automobile accident.

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.*

INTERVAL BETWEEN ONSET AND DEATH: 28 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 051
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 50, Mo.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warrensburg, Johnson Co., Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-15-52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile Accident

22. *I hereby certify that I attended the deceased from* Inquest only *to* _____, 19__, *that I last saw the deceased alive on* DEAD, 19__, *and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Kelly Rawlins M.D. Coroner
23b. ADDRESS Holden Mo
23c. DATE SIGNED 11/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-20-1952
24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
24d. LOCATION (City, town, or county) (State) Johnson Co. Mo

DATE REC'D BY LOCAL REG. Nov. 19, 1952
REGISTRAR'S SIGNATURE Savannah Crutchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE W.W. Bauninger ADDRESS Warrensburg, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 25 1952
JOHNSON COUNTY HEALTH DEPT.

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 me

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

working under my personal supervision.

Student .....
Student Embalmer

Signed R. A. Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.