

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21667**
2831

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2831**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (In this place) 2 1/2 yrs		c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 436-DONNELLY		STREET (ADDRESS) (If rural, give location) 50 456-DONNELLY	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) E c. (Last) MORGAN		4. DATE OF DEATH (Month) (Day) (Year) 6-4-53	
5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 3-25-1868 9. AGE (In years last birthday) 85 If UNDER 1 YEAR Months Days If UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) SHERMAN TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WAITMAN MORGAN		13b. MOTHER'S MAIDEN NAME SARAH MAYFIELD	
14. NAME OF HUSBAND OR WIFE JENNIE MORGAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-18-6763	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Nina Dillinger		ADDRESS 456 Donnelly	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia - partial obstruction INTERVAL BETWEEN ONSET AND DEATH 1 mo. ANTECEDENT CAUSES DUE TO (b) Chlor. myocarditis 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 _____	
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 July 1949 , to June 4, 1953 , that I last saw the deceased alive on 3 June, 1953 , and that death occurred at A m., from the causes and on the date stated above.			
23a. SIGNATURE W. W. Gist (Degree or title) D		23b. ADDRESS K.C. Mo.	
23c. DATE SIGNED 5 June 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-6-53	
24c. NAME OF CEMETERY OR CREMATORY Mt Washington		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
DATE REC'D BY LOCAL REG. 6-5-53		REGISTRAR'S SIGNATURE Seraldine Smith	
FUNERAL DIRECTOR'S SIGNATURE John P. Smith		ADDRESS K.C. Mo.	

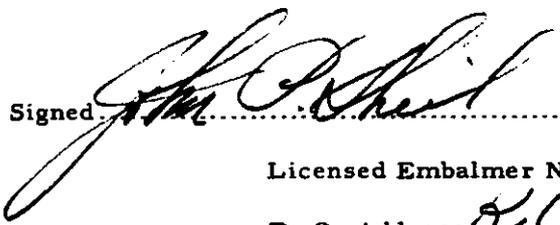
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

619
22
6/19/4
P. O. Address
H. C. W.

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
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 362
P. O. Address H. C. W.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.