

Registration District No. 1908Primary Registration District No. 4549Registrar's No. 11

1. PLACE OF DEATH:

- (a) County Wright
 (b) City or town Mt. Grove
 (c) Name of hospital or institution: ✓
 (If outside city or town limits, write "RURAL" and name of township)

- (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Douglas Lee Morgan _____ (Specify whether
 years, months or days) 1 yr

3. (a) PRINT FULL NAME Douglas Lee Morgan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased June 26 1939
 (Month) (Day) (Year)

8. AGE: | Years | Months | Days | If less than one day
 | 7 | 19 | | | hr. min.

9. Birthplace Mt Grove _____
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Arthur Morgan

13. Birthplace Douglas Co.
 (City, town, or county) (State or foreign country)

14. Maiden name Ruby Patterson

15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Morgan

- (b) Address Mt. Grove, Mo.

17. (a) Burial (b) Date thereof 3/14/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Burial

18. (a) Signature of funeral director Boulton-Ryan

- (b) Address Northwood

19. (a) 2-14-40 (b) Ernie Montgomery
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Wright

- (c) City or town Mt Grove Mo
 (If outside city or town limits, write "RURAL")

- (d) Street No. S _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
 year 1940 hour 1:30 minute 45 M.

21. I hereby certify that I attended the deceased from
viewed the body 2/14 - 1940
 that I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Unknown

Due to _____

Due to _____

Other conditions _____
 (include pregnancy within 3 months of death)Major findings: _____
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R A Ryan (M. D. or other) _____

- Address Mt Grove Date signed 3/4-40

RECEIVED

Dist. of Health Officer No. 6,

Dist. File Number 340-881

Date Filed MAR 1 5 1940

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

3. No. 1-2-40
901 212559

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 908

Primary Registration District No. 45-49

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Mountain Grove
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Donald Lee Morgan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if _____

7. Birth date of deceased June 26, 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 19 _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Scotts Co, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-7-40 (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 14 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
Signature P. A. Ryan (M. D. or other) _____
Address Mountain Grove Date signed _____

SUPPLEMENTARY

