

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42388**

Registration District No. **280**

Primary Registration District No. **5382**

Registrar's No. **83**

1. PLACE OF DEATH:

(a) County **Douglas**  
 (b) City or town **Brushy Knob**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Mc Murtry Sup. Hosp**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **none**  
 (Specify whether years, months or days) **none**

8. (a) PRINT FULL NAME **Mary Emaline Morgan**  
 8. (b) If veteran, name war **no**  
 8. (c) Social Security No. **no**

4. Sex **Female**  
 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **widowed**  
 6. (b) Name of husband or wife **Rufus Morgan**  
 6. (c) Age of husband or wife if alive **deceased** years  
 7. Birth date of deceased **Jan 1 1951**  
 (Month) (Day) (Year)

8. AGE: **9** Years **9** Months **15** Days  
 If less than one day hr. min.

9. Birthplace **unknown Kentucky**  
 (City, town, or county) (State or foreign county)  
 10. Usual occupation **house wife**  
 11. Industry or business **none**  
 12. Name **Thomas Kirkendall**  
 13. Birthplace **unknown unknown**  
 (City, town, or county) (State or foreign county)  
 14. Maiden name **Ellen English**  
 15. Birthplace **unknown unknown**  
 (City, town, or county) (State or foreign county)

16. (a) Informant's own signature **Mary Morgan**  
 (b) Address **Brushy Knob, Mo.**  
 17. (a) **burial** (b) Date thereof **10 17 40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Brushy Knob, Mo.**  
 18. (a) Signature of funeral director **Ella J. Bouldin**  
 (b) Address **Norwood, Mo.**  
 19. (a) **12-6-1940** (b) **Edna Key White**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas**  
 (c) City or town **Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Rural - Brushy Knob**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.  years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **16<sup>th</sup>**  
 year **1940** hour **8:25** minute **1** P. M.  
 21. I hereby certify that I attended the deceased from **September 29<sup>th</sup>**  
**1940** to **Oct. 16<sup>th</sup>** 19**40**  
 that I last saw her alive on **Oct. 13<sup>th</sup>** 19**40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**  
 Due to **cold - flu**  
 Due to **flu**  
 Other conditions **flu**  
 (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?  
 23. Signature **Ella J. Bouldin** (Specify type of place) (e) Means of injury  
 While at work  
 23. Signature **Mary Morgan** (M. D. or other)  
 Address **Norwood, Mo.** Date signed **Oct 19 1940**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District File Number 141-3074

Date Filed JAN 3 1941 JAN 3 1941

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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.**