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

DE[illegible]ENT OF COMMERCE
[illegible]U OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24733

State File No. 24733

[illegible]G 11 1941 District No. 1 2 1 Primary Registration District No. 3009 Registrar's No. 268

1. PLACE OF DEATH:
(a) County: Cape
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution 3 days (Specify whether years, months or days) 0
In this community 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Lavalle Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 2½ Miles East Lavalle
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

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3. (a) PRINT FULL NAME: Noe E. Morgan
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: None years
7. Birth date of deceased: Aug. 7 (Month) 1873 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	11	13	hr. min.

9. Birthplace: Carroll Co. Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER
12. Name: Tate Morgan
13. Birthplace: Carroll Co. Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Marguerite Tate
15. Birthplace: Gibson Co. Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant: J. L. Morgan
(b) Address: Lavalle Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 21 (Month) (Day) 41 (Year)
(c) Place: burial or cremation: Taylor Cemetery
18. (a) Signature of funeral director: Walkins & Harris
(b) Address: Farma Mo.
19. (a) 7-24-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20 year 41 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from 7/18/41 7/18 1941, to 7/20 1941; that I last saw him alive on 7/20 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pericarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature: J. Kerbaugh (M. D. or other) D
Address: Cape Girardeau Date signed 7/24/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1945

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 B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address Dexter, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
—8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24733

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 268

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community Yes?

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Lavalle Mo (If outside city or town limits, write "RURAL")
(d) Street No. 2½ mi East Lavalle (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Noah E. 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 Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. 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 (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

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

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY