. No. 2
—1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40448

Registration District No. 791 JAN 24 1942

Primary Registration District No. 1003

Registrar's No. 10200

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

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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jackson

(c) City or town Murphysboro
(If outside city or town limits, write "RURAL")

(d) Street No. 230 S. 9th. St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ben Franklin Morgan

3. (b) If veteran, name war Unk.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife P. Nina Morgan

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June (Month) 29 (Day) 1867 (Year)

8. AGE: Years 74 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Retired Conductor

11. Industry or business

FATHER
12. Name Thomas Morgan
13. Birthplace Murphysboro (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Rebecca Henson
15. Birthplace Grand Tower (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. B. F. Morgan
(b) Address Murphysboro, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Murphysboro, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) DEC 23 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1941 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from 12-21-41, 19__, to 12-22-41, 19__;
that I last saw him alive on 12-22-41, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions Malignancy of Stomach
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Heinz S. Cron (M. D. or other)
Address Mo. Pac. Hospital Date signed 12-22-41

(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1942

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 J. Wm. Beckley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo.

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

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