

Registration District No. 399

Primary Registration District No. 102

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

1. PLACE OF DEATH:

(a) County Jackson County

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days
(Specify whether years, months or days)

In this community 150 age

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 049

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

(d) Street No. 744 + Mulberry R.C. Mo.
(If rural, give location)

(e) Citizen of foreign country? Other (Yes or No)
If yes, name country U.S.A. 0

3. (a) PRINT FULL NAME BEN F. MORGAN

3. (b) If veteran, name war NO

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 Oliba Morgan

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 8 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 Unknown 10 hr. min.

9. Birthplace Ray Co. Mo. 7
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name James H. Morgan

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

14. Maiden name Elizabeth Grant

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Oliba Morgan

(b) Address Richmond, Mo.

17. (a) Hickory Grove (b) Date thereof Mar 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director R. B. Brothers

(b) Address Richmond, Mo.

19. (a) 3/18/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1942 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Mar 3 1942 to Mar 8 1942
that I last saw him alive on Mar 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & acute dilatation

Due to 93

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?

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

23. Signature Wm. A. Maclean (M. D. or other) 0

Address R.C. Mo Date signed 3/18/42

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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.....

working under my personal supervision.

J B Brothers

....., Registered Apprentice No.....

Brother General Home

Signed.....

J B Brothers

Licensed Embalmer No. *2001*

P. O. Address *Richmond Mo.*

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, fact should be so stated above.