

Registration District No. 59

Primary Registration District No. 4094

92

1. PLACE OF DEATH

(a) County Cass  
(b) City or town Garden City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓  
In this community 65 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass  
(c) City or town Garden City  
(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.? 0 years.

3. (a) PRINT FULL NAME LAURA McCULLOH MORLAN

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife E. B. Moran 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Oct. 29, 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name W. G. McCulloh

13. Birthplace Pa. 1  
(City, town, or county) (State or foreign country)

14. Maiden name M. Saunders

15. Birthplace Pa. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Gloria Moran Kimberlin

(b) Address Garden City, Mo.

17. (a) Burial (b) Date thereof May 9, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Cemetery

18. (a) Signature of funeral director M. Saunders

(b) Address Garden City, Mo.

19. (a) May 11, 1943 (b) Margaret Hill  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6TH  
year 1943 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from APRIL 9 to MAY 6th 1943

that I last saw her alive on MAY 6th and that death occurred on the date and hour stated above.

Immediate cause of death Passive pulmonary congestion

Due to Pulmonary metastatic Embolism

Due to Hypernephroma

Other conditions 520  
(Include pregnancy within 3 months of death)

Major findings: Hypernephroma  
Of operations (Nephrectomy done)  
Of autopsy no 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) (a) Means of injury \_\_\_\_\_

23. Signature Dr. J. McCormick (M. D. or other) \_\_\_\_\_

Address Garden City, Mo. Date signed 5/11/43

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

19  
00

1041

**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.....

*J.M. Huffman*, Registered Apprentice No.....  
working under my personal supervision.

Signed *J.M. Huffman*  
Licensed Embalmer No. *1030*  
P. O. Address *Louise City*

**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.**