DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

Registration District No. 1079

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5036

State File No. 10286

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Rual, Wilson Tmo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: 4
(a) State Missouri (b) County Audrain 0
(c) City or town Rual 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2, Madison, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Lee Morgan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December 1, 1924 (Month) (Day) (Year)

8. AGE: Years 18 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Monroe County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Roy L. Morgan
13. Birthplace Monroe County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gertrude Cruzan
15. Birthplace Tuscola, Ill. /
(City, town, or county) (State or foreign country)

16. (a) Informant Roy L. Morgan
(b) Address R.F.D. #2, Madison, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove, Paris, Mo.

18. (a) Signature of funeral director Earl E Pierce
(b) Address Mexico, Mo.

19. (a) 3-1, 1944 (Date received local registrar) (b) Mrs. Archie Clayton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1943 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Jury Verdict
We find that the deceased came to his death accidently, while a
Due to passenger ~~car in which he was~~ ~~drove~~ in an automobile driven by Joe
Due to Kurtz of RFD Centralia, Mo. which collided with a concrete bridge on Highway #22.
Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

1700 A

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) 004
(b) Date of occurrence 11/4/43
(c) Where did injury occur? Audrain Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On highway 22 about 2 mi. East of Centralia
(Specify type of place)
While at work? (e) Means of injury Auto Wash

23. Signature Ey Burton, Coroner (M. D. or other)
Address Mexico, Mo Date signed 11/4/43

1079

(Licensed Embalmer's Statement on Reverse Side)

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 Earl E. Precht, Registered Apprentice No. ..... working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.