

FILED FEB 13, 1945

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:
 Buchanan
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 201 Illinois Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution two weeks
 (Specify whether
 In this community Two Weeks
 years, months or days) /

3. (a) PRINT FULL NAME William R. 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 married
 6. (b) Name of husband or wife Grace
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased August 4, 1886
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Wilson Johnson

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

14. Maiden name Marion Hunter
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mabel Morgan (Sister)

(b) Address 201 Illinois Ave., City

17. (a) Burial (b) Date thereof 1/26/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dawn, Missouri

18. (e) Signature of funeral director John E. Kupp

(b) Address 6054 Pryor Ave., City

19. (a) 1-26-45 (b) Selen J. Peckel
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Livingston
 (a) State (b) County
 (c) City or town Dawn
 (If outside city or town limits, write "RURAL")
 (d) Street No. Genreal Delivery
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24,
 year 1945 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1/10 1945 to 1/24 1945
 that I last saw him alive on 1/24 1945
 and that death occurred on the date and hour stated above

Immediate cause of death Acute Coronary Thrombosis
 Due to Coronary sclerosis
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

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 John E. Kupp (M. D. or other) _____
 Address 6054 Pryor Ave. Date signed 1/24/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1877

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, ~~with~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John E. Rupp*.....
Licensed Embalmer No. *3986*.....
P. O. Address. *St. Joseph, 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.