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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5783

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 684

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 4 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1301 E. 10 St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary May Morgan
3. (b) If veteran, name war No
3. (c) Social Security No. 355-01-3081
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rev. Raymond L. Morgan
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May (Month) 19 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
47	8	20	hr. min.

9. Birthplace Bellville, (City, town, or county) Ill. (State or foreign country)
10. Usual occupation House Wife
11. Industry or business Her Self
FATHER 12. Name Joseph Acordi
13. Birthplace Bellville, (City, town, or county) Ill. (State or foreign country)
MOTHER 14. Maiden name Caroline Worms
15. Birthplace Mascoutah, (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Rev. Raymond L. Morgan
(b) Address 1301 E. 10 St. K.C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.
18. (a) Signature of funeral director Echternacht FUNERAL HOME
(b) Address 1900 Central Ave. K.C. Kansas
19. (a) 2-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1946 hour 7 minute 35 A. M.
21. I hereby certify that I attended the deceased from Feb. 7, 1946 to Feb. 9, 1946 that I last saw her alive on Feb. 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death acute purulent meningitis (basiler)-- old infarction of
Due to heart (lt.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94a
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)
at work? (e) Means of injury
23. Signature Clark W. Seelig M.D. (M.D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 2-9-46

(Licensed Embalmer's Statement on Reverse Side)

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

APR 4 1957

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 Harold J. E. Eichternach

Licensed Embalmer No. 3035

P. O. Address 1900 Central Av

Kansas City 2, Kan

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.