DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr Evans 33116

State File No.

Registration District No. 82 Primary Registration District No. 3017 Registrar's No.

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE RURAL
(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 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County COOPER

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

(d) Street No. EAST of BOONVILLE 3 MILES
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HARRY C. MORGAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NELLIE BROWN MORGAN

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased JAN (Month) 22 (Day) 1866 (Year)

8. AGE: Years 80 Months 5 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace WELLSBURG, WEST VA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business ✓

FATHER
12. Name WILLIAM MORGAN
13. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELLEN REYNOLDS
15. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HARRY MORGAN

(b) Address BOONVILLE MO

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

(c) Place: burial or cremation WALNUT GROVE CEM.

18. (a) Signature of funeral director Goodman & Boller

(b) Address Boonville MO

19. (a) 11-15-46 (Date received local registrar) (b) D. E. Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1946 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 1st, 1946 to July, 19..;
that I last saw him alive on July 14, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Stomach	8 mo
Due to	
Due to	
Other conditions: prostatitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46 B

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)
While at work? (e) Means of injury

23. Signature R L Evans (M. D. or other)
Address Boonville MO Date signed July 23

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 11-9-46

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.....J H Goodman

Licensed Embalmer No.....1178

P. O. Address.....Boonville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Nov

Registration District No. 82 Primary Registration District No. 5309 Registrar's No. 129

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Rural
(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:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry C. Morgan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 22 (Day) 1866 (Year)

8. AGE: Years 80 Months 5 Days 29 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 11-15-46 (Date received local registrar) (b) D. E. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 20
year 1946 hour minute 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	Duration
Due to	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING

33116