

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Frisco Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME AARON MORGAN

3. (b) If veteran, name war World War #1

3. (c) Social Security No. unknown

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Nola Morgan

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

7. Birth date of deceased July 2 1889
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

57	40	4	hr. min.
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9. Birthplace Mansfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chief Clerk to Sup't.

11. Industry or business Frisco Railroad - Tulsa, Oklahoma

MOTHER FATHER

12. Name Grant Morgan

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

14. Maiden name Linda Stout

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

16. (a) Informant Mr. Philip Morgan

(b) Address Greensboro, N. Carolina.

17. (a) removal (b) Date thereof 11-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Oklahoma.

18. (a) Signature of funeral director G. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd., St. Louis, Mo.

19. (a) NOV 6 1946 (b) J. F. Bruders
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 994

(c) City or town Tulsa 34
(If outside city or town limits, write "RURAL")

(d) Street No. 2736 East 13th Place
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) NR 2

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1946 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from Sept 28 1946 to Nov 5 1946
that I last saw him alive on Nov 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 wks

Due to Coronary Heart Disease and Hypertension about 3 years

Other conditions Multiple Infarcts bases lungs
(Include pregnancy within 3 months of death) Pleural effusion Right.

Major findings:
Of operations None

Of autopsy 11/6-46 by Dr D. L. Harris

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 _____ (Specify type of place) (e) Means of injury _____

23. Signature Em Fossenden (M. D. or other) MD
Address 4960 Saddle Island Mo. Date signed 11/6-46

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

Dr. E. M. Fessenden
Frisco Hospital.

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St Louis 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.