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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8189

Registration District No. 33 Primary Registration District No. 3010 Registrar's No. 116

1. PLACE OF DEATH:
(a) County Cape Co.
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. E. Mo. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 yrs (Specify whether
In this community 3 1/2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Madison 62
(c) City or town Fredericktown (If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? — No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edwin Cleveland Morgan
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Olive Jane Morgan
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Dec. (Month) 12 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	3	15	hr. min.

9. Birthplace Akron (City, town, or county) Harrison Co. Mo (State or foreign country)
10. Usual occupation Minister (methodist)
11. Industry or business
FATHER
12. Name Washington Morgan
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cleveland
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Frank E. Gillett
(b) Address Fredericktown Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown Mo
18. (a) Signature of funeral director Webb - Holt
(b) Address Fredericktown, Mo.
19. (a) 4-8-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27 year 1947 hour 1 minute 15 P M.
21. I hereby certify that I attended the deceased from Aug 13 1943 to March 27 1947 that I last saw him alive on March 27 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension Uriaf Hemorrhage	
Due to Arterio Sclerosis	
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.

83 A

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 O. Keplinger (M. D. or other)
Address [illegible] Date signed 3/27/47

44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 447-523

Date Filed 4-14-47

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 John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.