S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 2 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41820

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 5310

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 RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS (Specify whether
In this community 25 years (1)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2801 LISTER
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LUCILLE MORGAN
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILLIAM A. MORGAN
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Aug. (Month) 15 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	4	1	hr. min.

9. Birthplace Rich Hill (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Asa Grosier
13. Birthplace Bates County (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Jennie Van Riper
15. Birthplace Morris (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Wm. A. Morgan
(b) Address 2801 Lister
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 12-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 16th
year 1947 hour 5 minute 30 P M.
21. I hereby certify that I attended the deceased from Nov 1947 to Dec 16 1947
that I last saw her alive on Dec 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration immediate
Due to Degenerative valvular heart disease — years
Due to
Other conditions Passive congestion liver
(Include pregnancy within 3 months of death)
Decompensation
Major findings:
Of operations 92 d
Of autopsy Hypertrophied heart. Coronary occlusion

PHYSICIAN
Underline the cause of 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 [illegible] (M. D. or other)
Address 4800 E 24 Ter Date signed 12/17/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Va 7134

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 John E Fraking, Registered Apprentice No. 584, working under my personal supervision.

Signed E. Oscar Worthen

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.