S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1948

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 5329

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 2

**1. PLACE OF DEATH:**

(a) County Johnson
(b) City or town Knob Noster
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None /
(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 Missouri (b) County Johnson 51
(c) City or town Knob Noster 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LYDIA M. MORGAN

3. (b) If veteran, name war None
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 Ed Morgan
6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May (Month) 30 (Day) 1885 (Year)

8. AGE: Years 62 Months 9 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace Nebraska (City, town, or county) / (State or foreign country)
10. Usual occupation House-wife
11. Industry or business

FATHER
12. Name J. B. Preston
13. Birthplace (City, town, or county) New York / (State or foreign country)

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

16. (a) Informant Ed Morgan
(b) Address Knob Noster

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Knob Noster Cemetery

18. (a) Signature of funeral director W. Raymond Baker
(b) Address Knob Noster, Mo.

19. (a) 3/3/48 (Date received local registrar) (b) Erma L. Giatti (Registrar's signature) 1/10

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 2nd year 1948 hour 5 minute 15 a.m.

21. I hereby certify that I attended the deceased from Mar 2nd 1948 to March 2 1948 that I last saw her alive on March 2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death B Chr. Volvular Disease

Due to

Due to

Other conditions A Chr. myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
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)
While at work? (e) Means of injury 0

23. Signature G. W. Crowe (M.D. or other)
Address Knob Noster, Mo Date signed Mar 2-48

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1948

## 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 W. Raymond Baker, Registered Apprentice No. 25, working under my personal supervision.

Signed C. L. Sault

Licensed Embalmer No. 1086

P. O. Address Knox Foster Me

**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.**