

FILED JUL 19 1948

Registration District No. 149

Primary Registration District No. 1002

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: GENERAL HOSPITAL #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 27 years years, months or days)

3. (a) PRINT HORATIO (BAE) MORGAN
FULL NAME
(b) If veteran, name war No
(c) Social Security No. No

4. Sex FEMALE 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced DIVORCED
(b) Name of husband or wife unknown (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL 25 1899
(Month) (Day) (Year)

8. AGE: Years 50 Months 49 Days 2 If less than one day 10 hr. min.

9. Birthplace TROY, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation MAID

11. Industry or business _____

MOTHER FATHER { 12. Name JEFF CANNON
13. Birthplace TROY, MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name FLORENCE SHELTON
15. Birthplace TROY, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant BROTHER: WALTER CANNON
(b) Address 2412 East 12th Street

17. (a) Burial (b) Date thereof 7/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. J. Adams

(b) Address 1729 Lydia Ave.
19. (a) 7-7-48 (b) W. J. Adams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2412 East 12th Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 5
year 1948 hour 2:10 minute A. M.
21. I hereby certify that I attended the deceased from JUNE 12th 19 48 to JULY 5th 19 48
that I last saw her alive on JULY 5 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LUNG
Duration _____

Due to _____

Due to _____

Other conditions 472
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy AS ABOVE
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 work _____ (Specify type of place) _____
(Years of injury) _____

23. Signature W. J. Adams (M. D. or other) _____
Address 600 East 22nd Street Date signed 7/6/48

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. Jerome Marlowe*

Licensed Embalmer No. *3994*

P. O. Address. *2513 Highland*

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.