

FILED AUG 26 1948

State File No.

Registration District No. 325

Primary Registration District No. 4476

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Dawning
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Most of life
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME

John W. Morgan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lelia W. Morgan

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased

July 6 1879

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68

1

11

hr.

min.

9. Birthplace

Alexandria, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

Barber

12. Name

John W. Morgan

13. Birthplace

Penn.

14. Maiden name

Isabel Simpson

15. Birthplace

Penn.

16. (a) Informant

Lelia W. Morgan

(b) Address

Dawning, Mo.

17. (a)

Burial

(b) Date thereof

Aug 18 1948

(c) Place: burial or cremation

Dawning, Mo.

18. (a) Signature of funeral director

Loyd Moore

(b) Address

10 Dawning, Mo.

19. (a)

Aug 21 48

(b)

Ans. J. Drake

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Schuyler
(c) City or town Dawning
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? Citizen U.S.A. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1948 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from Aug 4 to Aug 16 1948

that I last saw him alive on Aug 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

8 Days

Due to

Hypertension

Due to

Arteriosclerosis

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.

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)

(e) Means of injury

23. Signature

Address

Date signed 8/12/48

FEB 1 1950

AUG 24 1948

RECEIVED
District Health Officer No. 10
District File Number 8-48-1502
Date Filed AUG 24 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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lloyd Moore
Licensed Embalmer No. 3151

P. O. Address Nowing 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.