

FILED FEB 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3930
Registrar's No. 310

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009

1. PLACE OF DEATH
a. COUNTY Andrew
b. CITY OR TOWN SAVANNAH
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Andrew
c. CITY OR TOWN SAVANNAH
d. STREET ADDRESS _____

3. NAME OF DECEASED
a. (First) George b. (Middle) Edward c. (Last) Morgan
4. DATE OF DEATH (Month) (Day) (Year) 2 5 1949

5. SEX m **6. COLOR OR RACE** w **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married **8. DATE OF BIRTH** 8-24-1870 **9. AGE** (In years last birthday) 78 IF UNDER 1 YEAR (Month) (Day) (Year) 5 11 IF UNDER 24 HRS. (Hour) (Min.) _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ **10b. KIND OF BUSINESS OR INDUSTRY** Farmer **11. BIRTHPLACE** (State or foreign country) Scott County Ky **12. CITIZEN OF WHAT COUNTRY?** U.S.

13a. FATHER'S NAME John W. Morgan **13b. MOTHER'S MAIDEN NAME** Sarah Ann Jones **14. NAME OF HUSBAND OR WIFE** Sarah Ellen Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no **16. SOCIAL SECURITY NO.** none **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Beattie Richardson **ADDRESS** Scuffard mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration
ANTECEDENT CAUSES _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastric and Rectal Carcinoma

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from May 3, 1948, to Feb. 5, 1949, that I last saw the deceased alive on Feb. 5, 1949, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.B. Maxwell, D.O. 2 **23b. ADDRESS** 307 W. Main, Savannah, Mo. **23c. DATE SIGNED** 2/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** 2-8-1949 **24c. NAME OF CEMETERY OR CREMATORY** SAVANNAH **24d. LOCATION** (City, town, or county) (State) SAVANNAH MO

DATE REC'D BY LOCAL REG. 2-14-49 **REGISTRAR'S SIGNATURE** Lillian Sparks **25. FUNERAL DIRECTOR'S SIGNATURE** E. C. Breit **ADDRESS** Savannah, Mo.

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

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HEALTH OFFICE
Cameron, Mo.

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... *E. C. Breit*

Signed.....
Student Embalmer

Licensed Embalmer No. *2650*

P. O. Address *Savannah 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.