

FILED JAN 17 1956

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 1-56

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY OR TOWN <u>HENLEY</u>		c. CITY OR TOWN <u>HENLEY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>JIM HENRY TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZEBETH</u> c. (Last) <u>MORGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 7, 1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OF RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 3, 1907</u>
9. AGE (in years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>META, MISSOURI</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CONRAD REHAGEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KEMPTER</u>	
13c. NAME OF HUSBAND OR WIFE <u>ROBERT E. MORGAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R. E. Morgan</u>		ADDRESS <u>Henley, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart</u> DUE TO (c) <u>Disease</u> <u>Years</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>416X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>50</u> , to <u>1-7-</u> 19 <u>56</u> , that I last saw the deceased alive on <u>1-4-</u> 19 <u>56</u> and that death occurred at <u>5:40</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. E. Humphreys D.O.</u>		23b. ADDRESS <u>Tuscumbia, Mo.</u>	
23c. DATE SIGNED <u>1-9-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 9, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MARYS HOME</u>		24d. LOCATION (City, town, or county) (State) <u>EBERNE MO.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 10 - 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Quis H. Phillips</u>		ADDRESS <u>Calder</u>	

JAN 10 1920

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**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..

Student.....  
Signature of Student Embalmer

Signed *Louis W. Sullivan*

Licensed Embalmer No. *36*

P. O. Address *Ed*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.