

No. 2  
8-43  
17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28104**  
Registrar's No. **88**

**FILED** AUG 27 1946

Registration District No. **297**

Primary Registration District No. **3057**

1. PLACE OF DEATH:

(a) County **Ray**  
(b) City or town **Richmond**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Kice St. (No st. number)**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **65 yrs.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**  
(c) City or town **Richmond**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Kice St. (no st. number)**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Ida Margaret 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 **Widowed**

6. (b) Name of husband or wife **Horace Morgan**  
6. (c) Age of husband or wife if alive **Dec.** years

7. Birth date of deceased **March 21, 1874**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **21**  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **St. Charles, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John Retherst**

13. Birthplace **St. Charles, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mrs. Mary Myers**

15. Birthplace **St. Charles, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Cora Morgan,**

(b) Address **Richmond, Missouri**

17. (a) **Burial** (b) Date thereof **8/14/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunny Slope, Richmond**

18. (a) Signature of funeral director **Quest-Lile F.H.**

(b) Address **Richmond, Missouri**

19. (a) **Aug 19 46** (b) **Malcolm Jackson**  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **August 12, 1946**  
year \_\_\_\_\_ hour **6:35 A.M.** date \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **8-15-46** to **8-12-46**, 19\_\_\_\_;  
that I last saw her alive on **8-12-46**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration: **2 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Rheumatoid Arthritis** **15 yrs**  
(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 **John J. Cook** (M. D. or D. O.)

Address **Richmond, Mo.** Date signed **8-16-46**

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

273

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 11,

District File Number

Date Filed 8-24-88

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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.....

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

Signed

Licensed Embalmer No. 4066

P. O. Address .....

**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.