

NOV 27 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36165
Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Co. Mo Registration District No. 477
 (b) Township Canton Primary Registration District No. 4286 Registered No. 68
 (c) City Canton (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Ruth S. Morton
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Morton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1889
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
49 4 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo
 FATHER 13. NAME Ray Singrock
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo
 MOTHER 15. MAIDEN NAME Sarah J. Jell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo
 17. INFORMANT Edward Morton (ADDRESS) Canton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Canton Mo DATE Oct 28 1938
 19. FUNERAL DIRECTOR T. S. Kelly (ADDRESS) Canton Mo
 20. FILED Oct 29 1938 H. W. Harris Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 21 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 1938, to 10 - 21, 1938.
 I last saw her alive on sevent months ago, 1938. Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:
central hemorrhage
 Date of onset _____
59
 Other contributory causes of importance:
Arteriosclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) Earl Pator M. D. 59
 (Address) Canton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-466

Date Filed 11-4-38

STATEMENT BY LICENSED EMBALMER

I, W. S. Kelly

Licensed Embalmer No. 1955

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. S. Kelly

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. S. Kelly

Licensed Embalmer No. 1955

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.)