DEC'L JAN 13 1939

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

41838
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002 Registered No. 4904

(c) City Kansas City, Mo. (d) Street No. 736 No. Prospect 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.

635

2. PRINT FULL NAME Mary C. Morton

(a) Residence, No. 736 N. Prospect St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.F.Morton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hsw
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Missouri

FATHER
13. NAME Theadore Meyers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Ann Berting
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) J.F. Morton 736 N. Prospect

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 12/17/38 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Lapetina 536 Campbell

20. FILED Dec 17, 1938 M M Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1938, to Dec 14, 1938
I last saw her alive on Dec 14, 1938. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:
Arteriosclerosis
Sclerosis

Name of operation None Date of X
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury X, 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X V
Nature of injury X V

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. H. Brewer D.O., M. D.
(Address) 10235 Indep. Ave

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INKETHIS IS A PERMANENT RECORD

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.

1 X14028

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.....

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, above space should be left blank.