

FILED APR 12 1940 STANDARD CERTIFICATE OF DEATH

State File No. 10547

Registration District No. 129

Primary Registration District No. 5180

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cural, Shumers, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 7
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 78 yrs. 4-21 day years, months or days

3. (a) PRINT FULL NAME SAMUEL HARRIS MORTON 63

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 16 1861
 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Fruitland Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Abner T. Morton

13. Birthplace Fruitland Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Mary McLaughlin
 15. Birthplace Gilgusville Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Morton

(b) Address Jackson Route #3

17. (a) Cural (b) Date thereof Mar 29-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Apple Creek Cemetery

18. (a) Signature of funeral director W. Miller

(b) Address Jackson Mo.

19. (a) Mar 29/40 (b) J. J. Schorn
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cape Girardeau
 (c) City or town 7 miles S.W. of Peachoutas
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26th
 year 1940 hour _____ minute 16 M.

21. I hereby certify that I attended the deceased from Dec
 _____, 1936, to Mar 26, 1940;

that I last saw him alive on Mar 26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 124

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature R. D. Blylock (M. D. or other) _____
 Address R. D. Blylock Mo Date signed 3-29-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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..... *Lymon Steele*.....
Licensed Embalmer No. *2476*.....
P. O. Address..... *Jackson 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, above space should be left blank.