No. 2
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12211

State File No.

Registration District No. 759 Primary Registration District No. 6000 Registrar's No. 7

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

2

1. PLACE OF DEATH:

(a) County St. Charles Callaway

(b) City or town Wentzville Rural

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 67-3-3 years, months or days) 635

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles

(c) City or town Wentzville Rural

(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.

3. (a) PRINT FULL NAME William L. Morton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie Morton

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan (Month) 25 (Day) 1873 (Year)

8. AGE: Years 2 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Isaac Morton
13. Birthplace Dont Know (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Catherine Harris
15. Birthplace Dont Know (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Walter Morton

(b) Address Wentzville, Mo

17. (a) Wentzville (Burial, cremation, or removal) (b) Date thereof March 31 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Mo

18. (a) Signature of funeral director T. E. Pitman

(b) Address Wentzville Mo

19. (a) April 1-40 (Date received local registrar) (b) O. A. Mulvin (Registrar's signature) 600

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3/28/40 year 1940 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from 3/21, 1940 to 3/28, 1940 that I last saw him alive on 3/28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy — Duration 1 wk.

Due to Hypertension

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. C. McMurray (M. D. or other) MD

Address Wentzville, Mo Date signed 3/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 P. E. Pettman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.