

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. **181**

1. PLACE OF DEATH:

(a) County **Randolph**  
(b) City or town **Moberly**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1116 Bond** **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**  
(c) City or town **Moberly**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1116 Bond** (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME **Lilly Morton**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **C. W. Morton** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb 15<sup>th</sup> 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67** **4** **18** hr. min.

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

10. Usual occupation **At home**

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

MOTHER FATHER { 12. Name **Samuel Jackson**

18. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Catherine White**

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

16. (a) Informant **Mrs John Beth**

(b) Address **Moberly**

17. (a) **Burial** (b) Date thereof **Sept 5<sup>th</sup> 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly**

18. (a) Signature of funeral director **Mahan and Son**

(b) Address **Moberly, Mo**

19. (a) **Sept 5-40** (b) **Seale McKeever**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **3<sup>rd</sup>**  
year **1940** hour **10** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Nov 13** 19**44** to **Sept 3** 19**44**  
that I last saw **her** alive on **Sept 3** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to **Exophthalmia**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **bb**

Major findings:  Of operations  Of autopsy

Duration  
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) **No**  
(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?  
**925** (Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **J. D. Duffell** (M. D. or other) **1**  
Address **Moberly, Mo** Date signed **Sept 10 1940**

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-1988

Date Filed OCT 24 1940

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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.....

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.