

No. 17-59- X23159

STANDARD CERTIFICATE OF DEATH

State File No. 36231

NOV 21 1940

Registration District No. 71A

Primary Registration District No. 4456

Registrar's No.

1. PLACE OF DEATH:

(a) County. St Charles

(b) City or town. Wentzville Mo  
(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. Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. mo (b) County. St Chas.

(c) City or town. Wentzville mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME. Gussie Lee Morton

3. (b) If veteran, name war. \_\_\_\_\_

3. (c) Social Security No. no

4. Sex. Female 5. Color or race. Black

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

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

6. (c) Age of husband or wife if alive. 43 years

7. Birth date of deceased. Feb 28 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>7</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation. House wife

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

12. Name. Albert Hunter

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

14. Maiden name. Ada Buckner

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

16. (a) Informant. Frank Morton

(b) Address. Wentzville Mo

17. (a) Burial (b) Date thereof. Oct 23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Hopewell

18. (a) Signature of funeral director. J. C. Piggan

(b) Address. Wentzville Mo

19. (a) Oct. 23/40 (b) J. Gertrude Poust  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21<sup>st</sup>  
year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Oct 20, 1940 to Oct 21, 1940  
that I last saw her alive on Oct 19, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death. Heart trouble

Due to Low Blood Pressure

Due to Heart Nutrition System 80 months 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature E. Edwin B. Kerner (M. D. or other) \_\_\_\_\_

Address Wentzville Mo Date signed 10-22-40

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

2002

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 T. E. Pitman .....

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36231

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 760A

Primary Registration District No. 4455

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town Wentzville  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Gussie Lee Norton

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

4. Sex F 5. Color of race B 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 7 22 hr. min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month Oct day 21  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart trouble Duration \_\_\_\_\_  
low blood pressure

Due to Excursion

Due to Rheumatism (Arthritis)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 9/13  
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? \_\_\_\_\_

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

23. Signature E. B. Kemmer (M. D. or other) \_\_\_\_\_  
Address Wentzville, Mo Date signed 12/17/40

SUPPLEMENTAL

