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Primary Registration District No. **2001**

Registrar's No. **547**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
906 E. Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **Life time** /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **906 E. Chestnut**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Nettie Morton**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Walter Morton** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **Aug. 1 1882**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	1 58	11	5	hr. min.

9. Birthplace **Greene Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **John Ramsey**

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

14. Maiden name **Mary Buchannon**

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

16. (a) Informant **Walter Morton**

(b) Address **906 E. Chestnut**

17. (a) **Burial** (b) Date thereof **7/8/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn (Cem)**

18. (a) Signature of funeral director **Dunn Funeral Home**

(b) Address **629 W. Walnut, City**

19. (a) **7-8-41** (b) **W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6**
year **1941** hour **5** minute **A.M.**

21. I hereby certify that I attended the deceased from **4, 5, 41** 19. to **7, 6, 41** 19.
that I last saw her alive on **7, 5, 41** 19.
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of liver**

primary

Due to

Due to **A6**

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?
(Specify type of place) (e) Means of injury

23. Signature **J. D. Murch** (M. D. or other) **MD**

Address **Springfield, Mo.** Date signed **7/7/41**

Duration
don't know

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

Floyd W. Jick

Licensed Embalmer No. *2910*

P. O. Address *629 W. Walnut*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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