

No. 2
1-4-41
3-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34153

FILLED NOV 17 1941
Registration District No. _____

Primary Registration District No. 200

Registrar's No. 307

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Walnut Township Rural
(c) Name of hospital or institution: Yarrow Mo. / R.F.D.
(d) Length of stay: In hospital or institution 23 years
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Yarrow Rural
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John Thomas Morton
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 2
year 1941 hour 5 minute 00 M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nettie Morton
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April 19 1874

21. I hereby certify that I attended the deceased from Oct 27 1941
to Nov 2 1941
that I last saw h.l.s. alive on Nov 2 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 6 Days 20
If less than one day hr. _____ min. _____

Immediate cause of death apoplexy
Duration _____

9. Birthplace Adair County Missouri
10. Usual occupation farmer

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 4/30
Of autopsy _____

MOTHER FATHER { 11. Industry or business farm
12. Name Thomas Joshua Morton
13. Birthplace Terre Haute Indiana
14. Maiden name Ariella Ann Webb
15. Birthplace Tuscola Ill.

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

16. (a) Informant Leonard Morton
(b) Address Green Castle Mo.
17. (a) burial (b) Date thereof 11-4-41
(c) Place: burial or cremation Union Temple Cent.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director J. E. Riley
(b) Address Kirksville Mo
19. (a) Nov 7/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature J. E. Martin (Mr., Dr., or other) Dr.
Address Kirksville Mo Date signed 11-8-41

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

RECEIVED

District Health Officer No. 10

District File Number 11-41-1996

Date Filed NOV 13 1941

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 *W. P. Riley*

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.