

Registration District No. **347**

Primary Registration District No. **3018**

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry  
(c) City or town Clinton Mo 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 114 W Henry St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1942 hour 4 minute 30 P M.  
21. I hereby certify that I attended the deceased from June  
1942 to July 4, 1942.  
that I last saw him alive on July 24, 1942.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac edema  
& chronic nephritis  
Due to enlarged prostate  
& chronic cystitis  
Due to \_\_\_\_\_

Duration  
2 mo  
1 yr  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)  
1316  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

3. (a) PRINT FULL NAME SIDNEY SMITH MORTON

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife Mary A. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased SEPT 28 1887 (Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

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

11. Industry or business Retired farmer

12. Name John Morton

13. Birthplace Ky 1 (City, town, or county) (State or foreign country)

14. Maiden name Eliza Shawley

15. Birthplace Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clarence Green

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof June 28/42 (Month) (Day) (Year)

(c) Place: burial or cremation CAL Houn MO

18. (a) Signature of funeral director Consulius + Beck

(b) Address Clinton Mo

19. (a) Jane 28, 1942 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

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 T  
23. Signature H. Walker (M. D. or other) M.D.  
Address Clinton Mo Date signed 6-25-42

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

12  
1  
2

RECEIVED

District Health Officer No. 7,

District File Number 7-42-695

Date Filled 7-7-42

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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.....

*J. E. Conner*

Licensed Embalmer No. 1891

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, fact should be so stated above.**