S. No. 2
1—9-4-41
6-17-39
X29484

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

2575

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156 | Primary Registration District No. 2001 | Registrar's No. 615

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Cherokee 999 14
(c) City or town: R R Galena, Kans. 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: Lionel E. Morton
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Jan 8 (Month) 1938 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
5	0	8	hr. min.

9. Birthplace: Joplin (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: —
11. Industry or business: —
MOTHER FATHER
12. Name: Lionel E. Morton
13. Birthplace: Oswego (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name: Dorothy Hawley
15. Birthplace: Yorktown (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant: Lionel E. Morton
(b) Address: R R Joplin, Mo
17. (a) Jan 18 (Burial, cremation, or removal) (b) Date thereof: Jan 18, 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Memorial
18. (a) Signature of funeral director: Walter H. Hoskins
(b) Address: Baxter Springs, Kans.
19. (a) 1-19-43 (Date received local registrar) (b) Entered by: Gertrude Sandholtz

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 16 year: 1943 hour: 1 minute: 5 A.M.
21. I hereby certify that I attended the deceased from 1-15-43 to 1-16-43 that I last saw him alive on 1-15-43 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fractured skull and other injuries	1/6 hr
Due to: to auto accident	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
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): 136
(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)
While at work? Means of injury: O 1
23. Signature: J. H. Miller (M. D. or other)
Address: Joplin Mo Date signed: 1-16-43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-1-60

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 Walter Hardins

Licensed Embalmer No. 783

P. O. Address Baxter Springs Kans.

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

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

V. S. No. 2B
10M—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2575

Registration District No. 106 Primary Registration District No. 2001 Registrar's No. 610

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(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 years, months or days)
In this community

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) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lionel E. Morton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 8 1938 (Month) (Day) (Year)
8. AGE: Years 5 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day
year 1943 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 — Duration
Due to auto accident
auto street culvert
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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) accident
(b) Date of occurrence Jany 15-43
(c) Where did injury occur? Baxter Spg Kans (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? Pickle Factory (Specify type of place)
While at work? (c) Means of injury

23. Signature H L Urlauer (M. D. or other)
Address Joplin Mo Date signed 7-19-43

SUPPLEMENTARY