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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9975

State File No.

FILED APR 7 1943

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 238

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 18 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Arkansas (b) County Faulkner 3

(c) City or town Conway 0
(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 9

3. (a) PRINT FULL NAME Charles William Morton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased November 10, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	3	28	hr. min.

9. Birthplace Belfast, Grant Co. Arkansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Chiropractor

11. Industry or business

FATHER
12. Name Henry F. Morton
13. Birthplace Georgia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barthena A. Shoptaw
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. C. C. Morton
(b) Address Benton Ark.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-9-43
(Month) (Day) (Year)
(c) Place: burial or cremation Benton, Arkansas

18. (a) Signature of funeral director Claude Richard
(b) Address Excelsior Springs, Missouri

19. (a) 3-9-43 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
year 43 hour 5 minute 50 p M.

21. I hereby certify that I attended the deceased from 2/27, 1943 to 3-8, 1943;
that I last saw him alive on 2-8, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignancy Intestine & Pain from colon	?
Due to	
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)

(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? (e) Means of injury

23. Signature Eugene B. Robinson M.D. or other Mo.
Address Ex. Springs, Mo Date signed 3/9/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number .....

Date Filed 4-5-43

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs, 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.