

AUG 28 1943

Registration District No. **373**

Primary Registration District No. **6265-**

Registrar's No. **33-**

1. PLACE OF DEATH:

(a) County **Webster**

(b) City or town **Rural - S. Grant**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **X**
(Specify whether years, months or days)

In this community **49 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Webster**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **S. Grant township**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Nancy Ellen Morton**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Wenuel Morton**

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

7. Birth date of deceased **September - 2 - 1874**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	15	X hr. X min.

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **William Vanhook**

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

14. Maiden name **Wacy Morgan**

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

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

(b) Address **Strafford, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-19-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **my Pisgah**

18. (a) Signature of funeral director **[Signature]**

(b) Address **marshfield, Mo.**

19. (a) **8/10/43** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17** year **1943** hour **8:28** minute **A.M.**

21. I hereby certify that I attended the deceased from **July 3rd 1943** to **July 17th 1943**
that I last saw her alive on **July 17th 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia**
Functional disease of the heart

Due to **Pneumonia**

Other conditions: **Functional disease of the heart**

(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **E. S. Updegraff, M.D.**

Address **Marshfield, Mo.** Date signed **July 17, 1943**

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 843-948

Date Filed AUG 24 1943

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. L. Lantry*

Licensed Embalmer No. 3312

P. O. Address Marshfield

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 373

Primary Registration District No. 6265

Registrar's No. 85

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rural S. Heart
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Nancy Ellen Morter
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 2 1943
(Month) (Day) (Year)
8. AGE: Years 68 Months _____ Days _____ (If less than one day, _____ min.)

9. Birthplace _____ (City, town, or county) (State or foreign country) Ky.

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)

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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 7
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above, and that the immediate cause of death was hypostatic pneumonia (Bronchial) Duration _____

Due to Functional disorder of the heart
Due to anemia

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. J. McAuley (Registrar or other) _____
Address _____ Date signed _____

SUPPLEMENT

MENTAL

101

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

291638