No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4408

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 199

1. PLACE OF DEATH:

(a) County St Louis Co.

(b) City or town Manchester Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 hrs. (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50 3

(c) City or town Festus 1
(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 1

3. (a) PRINT FULL NAME Gilbert Manning Morton

3. (b) If veteran, name war

3. (c) Social Security No. 495-22-3138

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mae Brown Morton

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October (Month) 21 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	3	0	hr. min.

9. Birthplace Cape Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Charles A. Morton
13. Birthplace Cape Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ellen Hatcher
15. Birthplace Cape Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Gilbert H. Morton
(b) Address Festus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Old Apple Creek Cem.

18. (a) Signature of funeral director Albert H. Hoppe,
(b) Address 4700 Washington Blvd.

19. (a) JAN 26 1944 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Dec 15, 42
, 19 , to Jan 19 , 1944
that I last saw him alive on Jan 19 , 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to Cerebral apoplexy

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Bertalan Bolgar (M. D. ~~or other~~)

Address Festus, Mo. Date signed 1-22-44

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Lappe

Licensed Embalmer No. 2971

P. O. Address.....

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

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