

FILED JAN 6 1944

Registration District No. 100

Primary Registration District No. 6225

State File No. _____

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Wagoner Washington
(b) City or town Stovada
(c) Name of hospital or institution State Hospital No 3
(d) Length of stay: In hospital or institution 2 1/2 mo 24 days
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson
(c) City or town Beetown
(d) Street No. _____
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES MORTON

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: Dec 17 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Warrensburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

12. Name HIRAM C. MORTON

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

14. Maiden name MARGARET EZZELLE

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

16. (a) Informant Hospital Records

(b) Address Nebraska, Mo.

17. (a) Buried (b) Date thereof 12-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg

18. (a) Signature of funeral director Severus Phillips

(b) Address Warrensburg Mo

19. (a) 12-11-43 (b) Floyd B. Bewick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1943 hour 7 minute _____ A.M.

21. I hereby certify that I attended the deceased from Oct 1 1943
to Dec 11 1943
that I last saw him alive on Dec 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia acute
Due to arterio sclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(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 R. H. Hall M.D.
Address Nebraska Mo Date signed 12/11/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1381

JAN 7 1944

RECEIVED
District Health Officer No. 7,
District File Number 12-43-1408
Date Filed 1-5-44

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 Marsh Luchinger
Licensed Embalmer No. 2656
P. O. Address Nevada, 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.