

FILED AUG 25 1944

Registration District No. 156

Primary Registration District No. 2081

Registrar's No. 384

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:
"E" and Lone Elm Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida Carmichael Morton

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced / married
6. (b) Name of husband or wife James Morton
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 17, 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 17
If less than one day hr. min.

9. Birthplace Page county Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Joseph Carmichael
13. Birthplace Bloomington Indiana /
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Ellen Davidson
15. Birthplace Bradyville Iowa /
(City, town, or county) (State or foreign country)

16. (a) Informant James Morton
(b) Address "E" & Lone Elm Rd., Joplin, Mo.

17. (a) burial (b) Date thereof 8/6/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taneyville, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 8-6-44 (b) Gladys Seubacke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 411
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. "E" and Lone Elm Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 9, 1944, to Aug. 3, 1944
that I last saw her alive on June 9, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Failure Duration

Due to Toxemia

Due to Carcinoma of uterus, colon, rectum.

Other conditions General metastases
(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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Dr. J. J. Martin (M. D. or other) 200
Address 2114 So. Joplin Date signed 8-4-44

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

MOTHER FATHER

1204

44-8-657

44-8-657

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.