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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39651

FILED DEC 27 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10672

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 9 mo. (Specify whether years, months or days)
In this community Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James R. 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 widowed
6. (b) Name of husband or wife Lula
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 4, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	3	10	hr. min.

9. Birthplace Pocahontas, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name James L. Morton
13. Birthplace Neelys Landing, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha R. Morton
15. Birthplace Pocahontas, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Clara Rothe
(b) Address 5351 Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Pocahontas, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) DEC 14 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th year 1944 hour 7:00 minute 05 A.M.
21. I hereby certify that I attended the deceased from November 14 1944 to Dec. 14 1944 that I last saw him alive on 12-13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Coronary Thrombosis	5 Da.
Due to Hypertention	1yr.
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 Dolores [illegible] (M. D. or other)
Address 508 N. [illegible] Date signed

(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. Hoffe

Licensed Embalmer No. 2971

P. O. Address.....

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.