

**FILED** JAN 31 1946

STANDARD CERTIFICATE OF DEATH

State File No. **1635**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **310**

1. PLACE OF DEATH: **1**  
 (a) County **JACKSON**  
 (b) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **ST. LUKES HOSPITAL 0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1-DAY**  
(Specify whether)  
 In this community **46 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO** (b) County **JACKSON 48**  
 (c) City or town **Kansas City 3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Haven Hill apt 47 Jefferson 8**  
(If rural, give location)  
 (e) Citizen of foreign country? **0**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MRS. GWEN MURRAY MORTON**  
 (b) If veteran, name war **No**  
 (c) Social Security No. **none**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **JANUARY** day **18<sup>TH</sup>**  
 year **1946** hour **4** minute **00 A. M.**  
 21. I hereby certify that I attended the deceased from **Jan 1949**  
 \_\_\_\_\_ 19\_\_\_\_ to **Jan 18 1946**  
 that I last saw him alive on **Jan 17 - 1946**  
 and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **2**  
 6. (b) Name of husband or wife **Paul A. Morton**  
 6. (c) Age of husband or wife if alive **26** years  
 7. Birth date of deceased **May 26 1899**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** Duration **10 hrs**  
 Due to **Chronic Hypertension** **2 yrs**

8. AGE: Years **46** Months **7** Days **23**  
If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions **1**  
(Include pregnancy within 3 months of death)  
 Major findings: **020**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace **Mt Stone MO** **0**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **at Home**

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

11. Industry or business \_\_\_\_\_  
 12. Name **Archie Murray** **4**  
 13. Birthplace **Scotland** **7**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Maggie Stubbs**  
 15. Birthplace **Mt Stone MO** **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. Cornelious**  
 (b) Address **1150 E 77 St**

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 \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Jan 19-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Mt Marsh**

18. (a) Signature of funeral director **D. H. Newcomer's Son**  
 (b) Address **1401 BRUSH CREEK BLDG.**  
 19. (a) **1-19-46** (b) **Staldine Palmer**  
(Date received local registrar) (Registrar's signature)

23. Signature **F. L. Taylor** (M. D. or other) \_\_\_\_\_  
 Address **624 Professional Bldg** Date signed **Jan 18 46**

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

1156

624  
1-4  
Preparatory School

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**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 *H. C. Newcomer Jr.*  
Licensed Embalmer No. 4043  
P. O. Address *A. C. 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.**