

FILED JUL 8 1946

Registration District No. 208

Primary Registration District No. 6209

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Current
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community ENTIRE LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Texas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles north of Summerville
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RACHEL INEZ MORTON

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

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

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

7. Birth date of deceased June 19 1919
(Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Hartshorn Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business _____

12. Name Frazer Norton

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

14. Maiden name Maam Street

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

16. (a) Informant Millie Bradley

(b) Address Hartshorn, Mo.

17. (a) Burial (b) Date thereof 5/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Street Cemetery

18. (a) Signature of funeral director Dayton V. Elliott

(b) Address Hartshorn, Mo.

19. (a) 6-2-1946 (b) Mrs C.E. Murphy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1946 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from MONDAY 3 AM 1946 to MONDAY 4 AM 1946
that I last saw her alive on MAY 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CONVULSIONS =

Due to EPILEPSY

Due to _____

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

Major findings: Of operations _____

Of autopsy 85

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 2

23. Signature Dr. Lavere Hough (M. D. or other) D.O.

Address Summerville Date signed May 17

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *Frank E. Hood*

Licensed Embalmer No..... *4826*

P. O. Address..... *Houston, 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.