S. No. 2
M—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20295

Registration District No. 33 Primary Registration District No. 3010 Registrar's No. 188

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lenora Apts. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. Lenora Apts. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Monroe Morton

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Hahn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 3rd (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
62	2	5	hr. min.

9. Birthplace Pocahontas (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name James L. Morton 0
13. Birthplace Pocahontas (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Hatcher
15. Birthplace Pocahontas (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. Ruth Morton
(b) Address Cape Girardeau, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.
19. (a) 6-17-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1947 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1/1/47, 19 to 6/8, 1947 that I last saw him alive on 6/8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Progressive Arthritis Deformans

Due to Cause Unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 6/17/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 647-841

Date Filed 6-23-47

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 Leonard L. Hammond

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri

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.