. No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5507

State File No.

Registration District No. 209 | Primary Registration District No. 5761 | Registrar's No. 12

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township) 5

(c) Name of hospital or institution: Palmyra Mo Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal (If outside city or town limits, write "RURAL") 3

(d) Street No. 1615 Martin (If rural, give location) 4

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME James C. 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 2

6. (b) Name of husband or wife Eloise

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

7. Birth date of deceased January (Month) 1 (Day) 1860 (Year)

8. AGE: Years 88 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Macon Co. (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Morton
13. Birthplace — (City, town, or county) Scotchland (State or foreign country) 4

MOTHER
14. Maiden name Mary Panborn
15. Birthplace — (City, town, or county) Canada (State or foreign country) 2

16. (a) Informant J. F. Morton

(b) Address 1615 Martin St. Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal Mo

19. (a) 3-8-48 (Date received local registrar) (b) Viola Geer (Registrar's signature) Deputy

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1948 hour minute 5 30 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile Dementia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature C. M. Locke (M. D. or other) MD

Address Hannibal Date signed 3-8-48

Jefferson City Printing Co. (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 Michael D. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.