

No. 2
1-1/47
5-17-39

State File No. 19754
Registrar's No. 190

National Office of Vital Statistics
FILED JUL 13 1948 9200
Registration District No. 46

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 118 South Cryslar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 118 South Cryslar
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
if yes, name country _____

3. (a) PRINT FULL NAME CHARLES C. MORTON

3. (b) If veteran, name war _____

3. (c) Social Security No. 547-12-1063

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 29, 1893
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th, year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 24, 1948 to June 26, 1948 that I last saw him alive on June 25, 1948 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>8</u>	<u>27</u>	hr. _____ min _____

Immediate cause of death Branchogenic Carcinoma

Due to _____

Due to _____

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

Major findings: operated in California at upper lobectomy

Of autopsy _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

9. Birthplace Richmond, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business _____

12. Name Benjamin Morton

13. Birthplace No Data
(City, town, or county) (State or foreign country)

14. Maiden name Frances Ella Hagan

15. Birthplace No Data
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles C. Morton Jr.
(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 6/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri

19. (a) 6-28-48 (b) _____
(Date received local registrar) (Registrar's signature)

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 W. H. Allen (M. D. or other) _____
Address Independence Date signed 6/26/48

APR 16 1948

[Handwritten signature]

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: *Stanley M. Sutton*

Licensed Embalmer No. 4504

P. O. Address Independence, 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.