

No. 300
-10-47
5-17-39
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MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **3128**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(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:
General Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr 45 minutes
(Specify whether years, months or days) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2326 Cypress 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME EVEREST MORTON

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-01-3015

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Marie Morton

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February 27 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>5</u>	<u>3</u>	hr. min.

9. Birthplace Frankfort Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & contractor

11. Industry or business X

MOTHER FATHER {

12. Name Alonzo Morton 2

13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Beavers

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Morton

(b) Address 2326 Cypress

17. (a) Removal (b) Date thereof Aug 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beattie, Kansas

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 7-31-48 (b) Seraldine Hobbs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1948 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Crown, 19____, to____, 19____; that I last saw h____ alive on____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Chest

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 170 cc
Of operations 5.3

Of autopsy no
History & Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 7-30-48 10.3

(c) Where did injury occur? KE Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) (e) Means of injury Auto & Train

23. Signature James E. Walker (M. D. or other)
Address 1924 1st St Date signed 7-31-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address K.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.