

**FILED MAR 11 1940**

Registration District No. **399** 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:  
6649 Oak 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO (Specify whether)  
In this community 31 years (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Joseph Harris Morton, Sr.,

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elsie Morton 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased May 22 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 8 27 hr. min.

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

10. Usual occupation Mail Service

11. Industry or business U. S. Government

MOTHER FATHER { 12. Name William Morton  
13. Birthplace X Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lenora Harris  
15. Birthplace X Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Morton  
(b) Address 6649 Oak

17. (a) burial (b) Date thereof 2/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director R. V. Lindsey & Sons  
(b) Address 3811 Broadway

19. (a) Feb. 20, 1940 (b) Mo M. Crowe  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
0 6649 Oak  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 19th  
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 3 1940 to Feb 19 1940  
that I last saw him alive on Feb 19 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Dilatation Heart  
Due to Hypertension  
Due to AS 15 2  
Other conditions (Include pregnancy within 3 months of death)  
AS 15 2

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy

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  
23. Signature J. E. Donaldson (M. D. or other)  
Address 724 Bryant Bldg Date signed 2/22/40

APR 4 1957

M. Earl Donaldson  
Bryant Road - 744  
Vi. 8530  
Route 3 P.M.  
Cathy V. Pennix

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

.....  
working under my personal supervision.

Signed *Escoe Wheeler*  
Registered Apprentice No. ....  
Licensed Embalmer No. *3738*  
P. O. Address *He. Md.*

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, above space should be left blank.