

Registration District No. 400 Primary Registration District No. 55530 Registrar's No. 161

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Prisco Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home Health Care
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs & mo
(Specify whether
In this community Don't know
years, months or days)

8. (a) PRINT FULL NAME C. C. Morton-135
3. (b) If veteran, name war N.M.O 3. (c) Social Security No. none

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 39 Months unknown Days hr. If less than one day min.

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

10. Usual occupation none

11. Industry or business unknown

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant W. J. McCarthy
(b) Address Little Blue, Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug 7-40 (Month) (Day) (Year)
(c) Place: burial or cremation Prisco Cem

18. (a) Signature of funeral director K. G. ...
(b) Address _____

19. (a) 8-20-40 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town K.C (If outside city or town limits, write "RURAL")
(d) Street No. Don't know (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jul day 30 year 1940 hour 3 minute M.

21. I hereby certify that I attended the deceased from July 30-40 at 1940 to July 30-40 that I last saw him alive on July 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 9 yrs.

Due to [Signature]

Due to [Signature]
Other conditions Feeble Mindical (Include pregnancy within 3 months of death) 39 yrs

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

23. Signature [Signature] (Specify type of place) (City or town) (County) (State)
Address Little Blue, Mo

23. Signature [Signature] (Date of occurrence) July 20-40
Address _____

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

8

X21462

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 _____

Licensed Embalmer No. 3991

P. O. Address 5725 Virginia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.