

Registration District No.

Primary Registration District No. 5370

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural, Springcreek Twp.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Rural
(d) Street No. Near Salem, Missouri
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Baby Morton

8. (b) If veteran, name was _____
8. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased March 4 1942
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Cody Louis Morton
13. Birthplace Doss Missouri
14. Maiden name Glady's Dormilee DuWorth
15. Birthplace Dent County Missouri

16. (a) Informant Cody L. Morton
(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 3/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Carl R. Spencer
(b) Address Salem, Missouri

19. (a) 3-4-1942 (b) Douglas W. McLeod
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1942 hour 11:25 minute A. M.

21. I hereby certify that I attended the deceased from March 4, 1942 to March 4, 1942;
that I last saw him alive on March 4, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Exertion

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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 0

23. Signature A. E. Butler (M. D. or other) MD
Address Salem, Missouri Date signed 3-4-42

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

33
0
0

33

0

0

0

159

PHYSICIAN

Underline the cause to which death should be charged statistically.

1194

RECEIVED

District Health Officer No. 5,

District File Number 4423/2

Date Filed 7-17-42

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 *[Signature]*

Licensed Embalmer No.

P. O. Address.....

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.