S. No. 2
M—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN - 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41756

Registration District No. 304 Primary Registration District No. 6046 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution 1 Callaway township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles 92 0 0

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

(d) Street No. Callaway township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Walter C. Morton.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro 2

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 25 (Day) 1876 (Year)

8. AGE: Years 66 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Wentzville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Isaac Morton
13. Birthplace ✓ (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name ~~[illegible]~~
15. Birthplace ✓ (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mary Simpson
(b) Address Wentzville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Dec-1-1942

18. (a) Signature of funeral director T. E. Pitman
(b) Address Wentzville, Mo.

19. (a) 12/18/42 (Date received local registrar) (b) Irene Rickman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 27. year 1942 hour 4 02 minute P M.

21. I hereby certify that I attended the deceased from 11/27/42, 19 to 11/27, 1942, that I last saw him alive on 11/27, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Degeneration	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD

Address Wentzville, Mo Date signed 12/1/42

0.87

(Licensed Embalmer's Statement on Reverse Side)

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 P. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.