

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3129

FILE

AUG 6 1943 149

Primary Registration District No. 1002

Registrar's No.

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:  
In ambulance on way to Lakeside Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 54 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 4323 East 27th St.,  
(If rural, give location)

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

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

3. (b) If veteran, name war no

3. (c) Social Security No. 492-18-4636

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 of year 1943 hour 10 minute 15 P.M.

4. Sex male

5. Color or race wht

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

6. (b) Name of husband or wife Rulda

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased July 8 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November, 1943, to July 13, 1943; that I last saw him alive on July 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure (Chronic)

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

56 0 85 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Coronary occlusion

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

Due to 93e2

10. Usual occupation Watchman

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Doneley Garment Co.

Major findings: Of operations \_\_\_\_\_

12. Name Geo. P. Morton

Of autopsy \_\_\_\_\_

13. Birthplace Greenup County Ky.  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

14. Maiden name Laura J. Smith

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

16. (a) Informant Mrs. Alfred Green

(b) Address 1366 Kimball

17. (a) burial (b) Date thereof 7-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director W. L. Fullon

(b) Address Kansas City, Kansas

19. (a) 7-16-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

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 P. L. Curtis (M. D. or other) DO  
Address 608-9 Chamber St. Bldg. Date signed 7-15-43

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

MOTHER FATHER

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**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..... *RA Fickler*

Licensed Embalmer No. *3503*

P.O. Address *Kansas City, 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.**