

S. No. 2
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S-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36848

State File No. _____

Registration District No. 354

Primary Registration District No. 6197

Registrar's No. _____

1. PLACE OF DEATH:

(a) County TEXAS

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

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

(d) Length of stay: In hospital or institution 6 mos. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas '07

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Edward Scott Morton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m. 5. Color or race w.

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

6. (b) Name of husband or wife Betty

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug 21 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 5
If less than one day hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business _____

12. Name L. C. Morton

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

14. Maiden name Sarah Clark

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

16. (a) Informant Ms. William Mullins

(b) Address Cabool Mo

17. (a) Removal (b) Date thereof Oct 29-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Tenn.

18. (a) Signature of funeral director Taylor V. Elliott

(b) Address Cabool Mo

19. (a) Oct 27 (b) Taylor V. Elliott
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1947 7 hour 45 minute P.M.

21. I hereby certify that I attended the deceased on
Oct 26, 1947 to _____, 19____;
that I last saw him alive on Oct 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 94A

Of operations _____

Of autopsy _____

Duration 36 hrs.

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) _____

(Specify means of injury) _____

23. Signature Garrett Lewis Smith (M. D. or other) _____

Address Cabool Mo Date signed Oct 27/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 1147656

Date Filed 1-13-47

JUN 8 1949

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 Faymond V. Elliott
Licensed Embalmer No. 2252
P. O. Address Cuba

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.