No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5006

State File No. 31884

Registrar's No. 315

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Greentop (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. R. #4, Greentop, Mo (If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Greentop (If outside city or town limits, write "RURAL")
(d) Street No.: R. R. #4 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Joseph R. Morton
3. (b) If veteran, name war:
3. (c) Social Security No.: None

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ina May Byrd
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: Sept. (Month) 26 (Day) 1868 (Year)

8. AGE: Years 80 | Months 0 | Days 26 | If less than one day: hr. min.

9. Birthplace: Adair County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:

FATHER
12. Name: William Morton
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eliza Burris
15. Birthplace: Joplin, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Ina May Morton
(b) Address: Greentop, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: New Harmony Cmt.
18. (a) Signature of funeral director: Dee Riley Funeral Home
(b) Address: Kirksville, Mo.
19. (a) 10-31-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1948 hour 6:13 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 15, 1948 to Oct. 22, 1948; that I last saw him alive on Oct. 22, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis	
Due to: Perforated gastric ulcer	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: R. A. Bradley (M. D. or other) D.O.
Address: Queen City, Mo. Date signed: 10/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1955

RECEIVED
District Health Officer No. 10
District File Number 11-48-1916
Date Filed NOV 8 - 1948

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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.