

NOV 20 1940

STANDARD CERTIFICATE OF DEATH

35881

State File No. _____

Registration District No. 592

Primary Registration District No. 4350

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none 2
In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11th
year 1940 hour 9 minute 25 P. M.
21. I hereby certify that I attended the deceased from January
_____, 1937, to Oct. 11, 1940,
that I last saw her alive on Oct. 11, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Left)
with Rt. Hemiplegia Duration 3 da
Due to diabetes Mellitus 4 yrs
Due to Hypertension 10 yrs
Chronic Myocarditis
Other conditions _____
(Include pregnancy within 3 months of death) 59

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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) no
(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?
592 _____
while at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. A. T. Anderson, M.D. (M. D. certificate) M.D.
Address Montgomery City, Mo Date signed 10/11/40

8. (a) PRINT FULL NAME ANNIE LEE LORTON

3. (b) If veteran, name war no 3. (c) Social Security No. 20-698

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Oct 4 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Linn Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business none

12. Name Henry Sheets

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

14. Maiden name Nettie Green

15. Birthplace Cincinnati Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. W. Downie
(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof Oct 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Mo

18. (a) Signature of funeral director J. A. Marlow
(b) Address Montgomery City Mo
19. (a) Oct 12 40 (b) Paul Memphis
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

Joseph A. Marlow

Licensed Embalmer No. *3658*

P. O. Address *Montgomery City*

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.