

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 413 Primary Registration District No. 5559.C. Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper C. ABC Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community 1
years, months or days)

3. (a) PRINT FULL NAME Charles Murto (MURTO)

3. (b) If veteran, name war No 3. (c) Social Security No. 90-10-0351

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

6. (b) Name of husband or wife Ada Murto 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased March 17 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 21 If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business 9

12. Name Thomas Murto

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

14. Maiden name Margaret Williams

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

16. (a) Informant Records
(b) Address

17. (a) Burial (b) Date thereof 11-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) NOV. 9 1940 (b) J. L. Rubbett M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Essex Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1940 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from Oct 15, 1940, to Nov 7, 1940
that I last saw him alive on Nov 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis
Tuberculosis Laryngitis

Due to.....
Due to..... 27
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

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?

23. Signature J. E. Sawyer (M. D. or other) 1
Address West city MO Date signed 11/2/40

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

FILED DEC 10 1940

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

Gene O'Dough, Registered Apprentice No. *253*
working under my personal supervision.

Signed *Ed Deemer*
Licensed Embalmer No. *2222*
P. O. Address *Carthage*

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.