

FILED NOV 13 1943

Registration District No. **893**

Primary Registration District No. **6197**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Mill Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss Springs (b) County Wayne
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? Yes (No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19, 1941
year 11 hour 30 minute P.M.

21. I hereby certify that I attended the deceased from 10-13 1941 to 10-19 1941
that I last saw him alive on 10-19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera infantum Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 119a

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 10-20-41

3. (a) PRINT FULL NAME Gerald Lorton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 20, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 3 29 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Albert Lorton

13. Birthplace Fayette Co., Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Smith

15. Birthplace Wayne Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Lorton

(b) Address Mill Springs, Mo.

17. (a) Burial (b) Date thereof Oct. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Brushie Cemetery

18. (a) Signature of funeral director Frank and Co

(b) Address Paoli, Bluff, Mo.

19. (a) Oct 22, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Scott A. Collett

Licensed Embalmer No.

3567

P. O. Address.....

Poplar Bluff, 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.