

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 22

1. PLACE OF DEATH:

(a) County. Adair

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

(c) Name of hospital or institution: 1208 N. Franklin
(If not in hospital or institution, write street number or location)

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

In this community. 67 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Adair

(c) City or town. Kirksville, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1208 N. Franklin
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Mary Anna Lorton

3. (b) If veteran, name war. X

3. (c) Social Security No. X

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife. Lafayette Lorton

6. (c) Age of husband or wife if alive. 21 years (Day) (Year)

7. Birth date of deceased. Jan 21 1854
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-20 day 20 year 1941 hour 7 P minute M M.

21. I hereby certify that I attended the deceased from 1-1-1940 to 12/18 1941

that I last saw her alive on 1-2- 1941 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>10</u>	<u>27</u>	hr. min

Immediate cause of death. cardiac hypertension

Due to _____

Due to _____

Other conditions. 93d
(Include pregnancy within 3 months of death)

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

10. Usual occupation. Home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name Alexander Vaughn

13. Birthplace Unknown / Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Jane Loughhead

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

16. (a) Informant Jess Lorton

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 12/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lewellyn Cent.

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? _____

18. (a) Signature of funeral director. Laura Riley

(b) Address. Kirksville, Mo.

19. (a) Jan 3, 1942 (b) Mrs. J. W. Wason
(Date received local registrar) (Registrar's signature)

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

23. Signature R. P. Ellis (M.D. number) 0

Address Kirksville, Mo Date signed 12-20-41

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

133

71

RECEIVED

District Health Officer No. 10

District File Number 1-42-168

Date Filed JAN 27 1942

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 Laura Riley
Licensed Embalmer No. 3907
P. O. Address Kunksville 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.