

FILED JUN 10 1942

State File No.

Registration District No. 125

Primary Registration District No. 5231

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Linn Township
(c) Name of hospital or institution XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community XX
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural Linn Township
(d) Street No. XXXX
(e) Citizen of foreign country? NO
If yes, name country, XXXX

3. (a) PRINT FULL NAME Mary Florence Lorton

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

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Lee Lorton
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Mar. 2, 1889

8. AGE: Years 53, Months 2, Days 11, If less than one day XX hr. X min.

9. Birthplace Morrisville, Mo.

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER { 12. Name James Harlson
13. Birthplace xx Tenn.
14. Maiden name Mary Lusk
15. Birthplace xxx Tenn.

16. (a) Informant Bernice Turner
(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 5-15-1942
(c) Place: burial or cremation Stockton Cemetary

18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Mo.

19. (a) June 3-42 (b) Mrs Myrtle Bright

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 42 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from May 9, 1942 to May 13, 1942
that I last saw her alive on May 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Due to
Fry's Cardiac Insufficiency
Due to
Hypertension
Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations 94a
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)
(b) Date of occurrence
(c) Where did injury occur?
(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 Wm B. Richter (M.D. or other)
Address Stockton, Mo. Date signed 5/13/42

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

20
0
0

RECEIVED

District Health Officer No. 7,

District File Number 6-42-600

Date Filed 6-9-42

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

Melvin Cluman

Licensed Embalmer No.

3272

P. O. Address

Stockton

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.