

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 10 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 246

49
588
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1827 Jackson /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)
 In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper **49**
 (c) City or town Joplin **2**
(If outside city or town limits, write "RURAL") **5**
 (d) Street No. 1827 Jackson (If rural, give location)
 (e) Citizen of foreign country? No **D** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Blanche M. Orton
 3. (b) If veteran, name war ***
 3. (c) Social Security No. ***

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 11
 year 1942 hour 10 minute 30 a.m.
 21. I hereby certify that I attended the deceased from Feb 6
 1939, to June 11, 1942
 that I last saw her alive on Feb 27 / 42, 1942
 and that death occurred on the date and hour stated above.

4. Sex Fem / 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Eugene D. Orton
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased: June 29 1885
(Month) (Day) (Year)

Immediate cause of death the myocarditis
 Duration ?
 Due to pernicious anemia ?
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>11</u>	<u>13</u>	hr. _____ min.

Other conditions 93d
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Vincennes Indiana /
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name R. W. Milton
 13. Birthplace Brown County Indiana /
(City, town, or county) (State or foreign country)
 14. Maiden name Anne E. Palmer
 15. Birthplace Noble Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene D Orton
 (b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 6/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)
Cassville, Mo.
 (c) Place: burial or cremation Hurlbut Und. Co.

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?
(Specify type of place)

18. (a) Signature of funeral director Joplin, Mo.
 (b) Address _____
 19. (a) 6-15-42 (b) Gutted Sudholter
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Joplin (M. D. or other) pube
 Address _____ Date signed 6/15/42

JAN 15 1958

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 *Perret A. Shurlock*

Licensed Embalmer No. *959*

P. O. Address *Joplin 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.