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DOM-5-43  
ev. 5-17-39  
I X3667

13950

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 12 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 102

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: Ellie Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 611 N. Green  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gideon F. Lorton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Lorton  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 1 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 19 hr. \_\_\_\_\_ min.

9. Birthplace Adair Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Lorton  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Crow  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie Lorton  
(b) Address Rockford, Ill.  
17. (a) Burial (b) Date thereof 4/22/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ft. Madison Cemetery

18. (a) Signature of funeral director D. R. Riley  
(b) Address Kirksville, Mo.  
19. (a) 4/27/44 (b) Mr. J. L. Waugh  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month April day 20  
year 1944 hour 3:00 minute A: M.

21. I hereby certify that I attended the deceased from 1-1-43  
to 4/20, 1944  
that I last saw him alive on April 20, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death critical hemorrhage  
cardiac hypertrophy  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 R. R. Gledhill (M. D. or other) \_\_\_\_\_  
Address Zubone, Mo. Date signed 4-25-44

1049

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 5-44-961

Date Filed MAY 11 1944

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

*D. V. Kelus*

Licensed Embalmer No. 4181

P. O. Address

*Kestville 720*

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.