V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

F 24926

State File No.

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 160

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 914 Howard St. 1
(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 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 914 Howard St. 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JAMES MURTO

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Arria Jenkyn Murto

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

7. Birth date of deceased August (Month) 8, (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
82	11	5	hr. min.

9. Birthplace Davenport, (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER

12. Name Thomas Murto

13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

14. Maiden name Margaret Mullins

15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Miss Arria Murto

(b) Address 914 Howard, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) July 14 '44 (Date received local registrar) (b) Elizabeth Coupler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13, year 1944 hour 6: minute 15 A. M.

21. I hereby certify that I attended the deceased from 5-3-, 1944, to 7-13-, 1944; that I last saw him alive on 7-16-, 1944 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 D. Russell Smith (M. D. or other) MD,

Address Carthage, Mo Date signed 7-14-44

1283

(Licensed Embalmer's Statement on Reverse Side)

44-7-614

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.....Ed [illegible]

Licensed Embalmer No.....2222

P. O. Address.....Carthage

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.