

S. No. 2
DM-542
Rev. 5-17-39
X32873

28535

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 17 1944

Registration District No. _____

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County PIKE

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

(c) Name of hospital or institution: MINERAL SPRING HOST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 hours.
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

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

(d) Street No. 900 Georgia
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME RAYMOND EDW. MORTON

3. (b) If veteran, name war No

3. (c) Social Security No. 1-1-1-1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 24
year 44 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from AUG. 23
1944, to AUG. 24 1944
that I last saw him alive on AUG. 24 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 7-28
(Month) (Day) (Year)

Immediate cause of death TETANUS.

Due to NAIL WOUND. UNTREATED. Duration 6 DAYS

8. AGE: Years 15 Months 10 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation School Child

Other conditions (Include pregnancy within 3 months of death) 1959

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Charles J. Morton

13. Birthplace Pike Co Del
(City, town, or county) (State or foreign country)

14. Maiden name Edna Sellings

15. Birthplace Pike Co Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mother Mrs. Edna Morton

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 8-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral

18. (a) Signature of funeral director J. H. ...

(b) Address Louisiana Mo

19. (a) 8-24-44 (b) J. H. ...
(Date referred local registrar) (Registrar's signature)

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? LOUISIANA PIKE MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
RIVER FRONT.
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature J. H. ... (M. D. or other) _____

Address Louisiana Date signed Aug 24

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

82
2
1

1931
over
Seymour

RECEIVED
District Health Officer No. 10
District File Number 9-44-1000
Date Filed SEP 12 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 George O. Wagner, Registered Apprentice No. _____ working under my personal supervision

Signed George O. Wagner
Licensed Embalmer No. 3793
P. O. Address Louisiana, 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: