

FILED MAY 9 1946

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 29

1. PLACE OF DEATH:

(a) County DENT

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

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT 33

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

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME SARAH MORTON

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased MARCH 4 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Mt. VIEW MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name NO RECORD

13. Birthplace NO RECORD (City, town, or county) (State or foreign country)

14. Maiden name NO RECORD

15. Birthplace NO RECORD (City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Roberts (b) Address SALEM, Mo.

17. (a) BURIAL (b) Date thereof: 4-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MINER GEM

18. (a) Signature of funeral director Carl A. Speden
(b) Address SALEM, Mo.

19. (a) 4-11-46 (b) M. M. Bush, M. D. Hyndes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 10 year 1946 hour 10:50 minute _____ M.

21. I hereby certify that I attended the deceased from June 4, 1944, to April 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiovascular Renal Disease

Due to Pneumonia

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

Major findings: Of operations _____ Of autopsy NO

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 [Signature] (M. D. or other) _____ Address SALEM MO Date signed 4-10-46

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

11618

RECEIVED

District Health Officer No. 5,

District File No. 546331

Date Filed 5-6-46

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.