No. 2
I—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED AUG 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28086

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 145

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly Mo

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

(c) Name of hospital or institution: McCormick Hospital 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Week

In this community 46yrs 3mo ~~[illegible]~~ 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly Mo. 6

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

(d) Street No. 3

(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs Alma Orton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Orton

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April (Month) 20 (Day) 1900 (Year)

8. AGE: Years 46 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Howard Co. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name William Robb

13. Birthplace Howard Co (City, town, or county) 0 (State or foreign country)

MOTHER 14. Maiden name Ellen Sumpter

15. Birthplace Howard Co. (City, town, or county) 0 (State or foreign country)

16. (a) Informant George Orton

(b) Address Higbee Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1946 (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Higbee Mo

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) 7-23-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20 year 1946 hour 5 minute 2 M.

21. I hereby certify that I attended the deceased from July 14, 1946 to July 20, 1946 that I last saw her alive on July 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into brain — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H. L. McCormick, (M. D. or other) MD

Address Moberly Mo Date signed 7-20-46

269 (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 8-10-1513
Date Filed AUG-1-4-1946

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 E W Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.