

No. 2  
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-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED OCT 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33720

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 108

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:  
Pike Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community 28 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 870  
(c) City or town rural 3  
(If outside city or town limits, write "RURAL")  
RFD # 1  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SERILLA ANN MORTON

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 Elmer Morton 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Sept. 7 1879  
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Monterey Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

MOTHER FATHER

12. Name Joseph Twichell  
13. Birthplace Monterey Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Eaton  
15. Birthplace Unknown Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elmer Morton

(b) Address RFD 1 Louisiana, Missouri

17. (a) Burial (b) Date thereof 10/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Batchtown, Illinois

18. (a) Signature of funeral director Garner & Sterne  
Louisiana, Missouri  
(b) Address

19. (a) 10-14-48 (b) Burnino Collier  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11  
year 1948 hour 7 minute 45 P.M.  
21. I hereby certify that I attended the deceased from 8-15 1948 to 10-11-48 1948  
that I last saw her alive on 10-11-48 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure  
Due to Arteriosclerosis & severe myocardial damage 1 YR. ±  
Due to hypertensive cardiac-vascular renal disease  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None

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 U  
23. Signature J. R. Palmer (M. D. or other) MD  
Address Louisiana, Mo. Date signed 10-11-48

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

APR 21 1948

NOV 5 1948

RECEIVED

District Health Officer No. 10

District File Number 10-48-1814

Date Filed OCT 20 1948

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.....

Virginia M. Steene, Registered Apprentice No. 289

working under my personal supervision.

Signed Harold G. Gauer

Licensed Embalmer No. 3720

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.