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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 13 1947

Registration District No. 277

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37892

State File No.

Primary Registration District No. 3023

Registrar's No. 252

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution 107 N. 3rd St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry 42

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

(d) Street No. 102 N 5th St 2
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME ARTHUR WARREN ORTON

3. (b) If veteran, name war

3. (c) Social Security No. 497-26-4276

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1947 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 29 Dec. 1945 to Nov. 30 1947
that I last saw him alive on Nov. 30 1947
and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Jane

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

7. Birth date of deceased AUG 27 1874
(Month) (Day) (Year)

Immediate cause of death myocarditis

Duration 2 yrs.

Due to chronic nephritis 10 yrs.

Due to arteriosclerosis 10 yrs.

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

73 3 2 hr. 1 min.

9. Birthplace JEWEL Co KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation FACTORY LABOR

11. Industry or business

12. Name WARREN ORTON

13. Birthplace East Kansas
(City, town, or county) (State or foreign country)

14. Maiden name NANCY PIERCE

15. Birthplace West Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations 1318

Of autopsy 1318

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant Tracy Orton

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 12-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalman & Pease

(b) Address Clinton mo

19. (a) 12-1-1947 (b) R R Kennedy
(Date received 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? (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 no

23. Signature James Smith (M. D. or other) M.D.

Address Clinton, Mo. Date signed 12-1-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7
District File Number 11-47-15118
Date Filed 12-11-47

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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 J. E. Bonsalud
Licensed Embalmer No. 1891
P. O. Address Clinton, 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.