

D. Cairns 15699

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 657

Primary Registration District No. 5862

Registrar's No. 76

I. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Canneltonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
"Rural" Little Prairie Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Canneltonville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R#1 Little Prairie
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME John Orton 635

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 8. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. John Orton, First home 8. (c) Age of husband or wife if unknown years

7. Birth date of deceased 10 21 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 08 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John Orton

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

14. Maiden name Mary Anderson

15. Birthplace Pemiscot Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fennis Walker
(b) Address Canneltonville Mo R#1

17. (a) Burial (b) Date thereof 3-29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paterson Cemetery 585
18. (a) Signature of funeral director H. L. Smith
(b) Address Canneltonville Mo
19. (a) April 29, 1940 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29
year 1940 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Mar 15 1940 to Mar 28 1940; that I last saw him alive on Mar 28 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 3 days

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature D. Cairns (M. D. or other)
Address Canneltonville Mo Date signed 4/1/40

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

5-40-11

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.