

No. 2  
-13-40  
17-39  
X2319

OCT 10 1940

Registration District No. 104

Primary Registration District No. 3008

Registrar's No.

1. PLACE OF DEATH:

(a) County. Callaway

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

(c) Name of hospital or institution: The Callaway Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. Three days  
(Specify whether)

In this community. Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Callaway

(c) City or town. Fulton  
(If outside city or town limits, write "RURAL")

(d) Street No. 408A Market  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME. Opal Marie Morte

3. (b) If veteran, name war. ✓

3. (c) Social Security No. None

4. Sex. M

5. Color or race. W

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

6. (b) Name of husband or wife. Olmer Morte

6. (c) Age of husband or wife if alive. 29 years

7. Birth date of deceased. May 18, 1910  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
30	4	2	hr. min.

9. Birthplace. New Bloomfield Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business. \_\_\_\_\_

12. Name. John D McCleary

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

14. Maiden name. Florence Bell

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

16. (a) Informant. Bladen Witches

(b) Address. Fulton Missouri

17. (a) Burial (b) Date thereof. 9/22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Hillcrest Cemetery

18. (a) Signature of funeral director. Geo H Wallace

(b) Address. Fulton Missouri

19. (a) Sept 20 1940 (b) R. N. Crew  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20, year 1940 hour 8:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Aug 6, 1940, to Sept. 20, 1940, that I last saw her alive on Sept. 20, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death. Acute lymphatic leukemia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. 1 1/2 yr  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? No

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury. \_\_\_\_\_

23. Signature. Henry D. ... (M. D. or other) MD

Address. 610 Court Fulton, Mo. Date signed. 9/20/40

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

MOTHER FATHER

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

*James A. Mudd*

Licensed Embalmer No.

*4152*

P. O. Address

*Fulton, 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.