S. No. 2
1—1-4-41
. 5-17-39
1 X26390

64
3
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21746

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 165

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: St. Elizabeth Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. West Ely Rd. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME William Thomas Orton

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male C

5. Color or race white

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Emma Robbins Orton

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May (Month) 13 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	3	— hr. — min.

9. Birthplace Barry (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Railroad agent, retired

11. Industry or business Southern Pacific Lines

FATHER
12. Name Thomas Orton
13. Birthplace — (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Adeline Booth
15. Birthplace Liberty (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Nettie Orton
(b) Address Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Bdwy, Hannibal, Mo.

19. June 24, 1942 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

1146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1942 hour 7 minute — P. M.

21. I hereby certify that I attended the deceased from Jn 1 1942 to June 16 1942
that I last saw him alive on June 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. nephritis

Due to

Due to

Other conditions toxic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature [signature] (M. D. or other)
Address 1000 Bdwy Hannibal Mo. Date signed 6/23/42

(Licensed Embalmer's Statement on Reverse Side)

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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 100 Broadway, Hannibal, 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.