WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 24 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28525

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 885

City St.Joseph, (No. St.Joseph's Hospital St. Ward)

2. FULL NAME John Alexander Ordnung

(a) Residence, No. St., Ward. Savannah, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edna Ordnung

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct,2,1886

7. AGE: YEARS 45 — MONTHS 11 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Sept,1932
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co, Mo.

FATHER

13. NAME: Michael Ordnung
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio.

MOTHER

15. MAIDEN NAME: Emma Aebersold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio.

17. INFORMANT (ADDRESS): Herbert Ordnung Savannah, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah Cemetery DATE Sept,17,1932

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 9-15- 1932 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept,14,1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1932 to Sept. 14, 1932
I last saw him alive on Sept. 14, 1932 Death is said to have occurred on the date stated above, at 5.40 P.M.
The principal cause of death and related causes of importance were as follows:

Encephalitis (acute) — Date of onset 9-8-32

TOB

Other contributory causes of importance: none

Name of operation none Date of —
What test confirmed diagnosis? Lab, Phys. Findings Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. M. Shores, M. D.
(Address) Kirkpatrick Bldg. St.Joseph,Mo.