

1938 JAN 25 1938

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

43939
Do not use this space.

1. PLACE OF DEATH
(a) County Newton Registration District No. 1046
(b) Township Shoals Creek Primary Registration District No. 5810
(c) City Rt # 7 Galena, Kansas (d) Street No. R. 2 Galena Kansas Registered No. _____
(e) Length of residence in city or town where death occurred _____ mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.
2. PRINT FULL NAME Orlena Lee
(a) Residence, No. Rt # 7 Galena Kansas (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 - 1858
7. AGE YEARS 80 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ans, Mo

FATHER 13. NAME Lylester Ritter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Tamie Lacey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs Columbus Allegor Rt # 7 Galena, Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE Hornet Cem DATE 12-4-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill Dillon - Topeka, Mo

20. FILED 12-9-38 E. J. Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3, 1938
22. I HEREBY CERTIFY That I attended deceased from Feb 14, 1931, to Jan 4, 1933
I last saw her alive on Jan 10, 1933 Death is said to have occurred on the date stated above, at 5 A. M.
The principal cause of death and related causes of importance were as follows:
From history: Arthritic Deformities Date of onset 1931
Endocarditis 1931
Other contributory causes of importance: Cardio-Vascular disease
Name of operation No history Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Not history 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 None stated from history up to 1933
(Signed) E. J. Johnson, M. D.
(Address) Galena Kansas

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.

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,

David Dillon

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *David Dillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin 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, above space should be left blank.