CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

REC'D OCT 10 1939

32200
Do not use this space.

1. PLACE OF DEATH
(a) County Clay 7 Registration District No. 203
(b) Township Platte 1 Primary Registration District No. 5281 Registered No. 29
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ..... yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 624 "Infant" Ortolf
(a) Residence, No. Clay County St. ☐ .....
(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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1939
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. .....
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 COUNTRY) Paradise, Clay Co. Mo.

FATHER
13. NAME Everett F. Ortolf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gardner, Kansas

MOTHER
15. MAIDEN NAME Atha "Greer" Ortolf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helena, Mo.

17. INFORMANT (ADDRESS) Everett F. Ortolf, Ft. Leavenworth Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Clay Co Mo. DATE 9-21-39
19. FUNERAL DIRECTOR (ADDRESS) McComa-Mutual Smithville, Mo.
20. FILED 9/30, 1939 E. C. Hill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1939, to Sept 20, 1939
I last saw him alive on Stillborn Sept 20, 1939. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Still Barn

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) J. F. Ruppel, M. D.
(Address) Smithville Mo. R.2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Service File Number 10/4/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I, S. A. McCormas, Licensed Embalmer No. 2303

hereby certify that the body recorded on the reverse side of this certificate ~~was embalmed by~~ was not embalm

~~by me~~ L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed S. A. McCormas

Licensed Embalmer No. 2303

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)