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.

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

REC'D DEC 21 1939

39115
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 80
(b) Township Center, Primary Registration District No. 5-119 Registered No.
(c) City (d) Street No. 3 Mi. So. on Sparta Road 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 Hamilton C. Ornsbee,
(a) Residence, No. R.F.D.# 5, St.Joseph, Mo. 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): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ellen E. Ornsbee,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept.26, 1858.
7. AGE: YEARS 81 MONTHS 1 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer,
9. Industry or business in which work was done, as saw mill, bank, etc.: Farm,
10. Date deceased last worked at this occupation (month and year): May 1939
11. Total time (years) spent in this occupation: 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cook County, Illinois,

FATHER
13. NAME: Erastmas Ornsbee,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Massachusetts,

MOTHER
15. MAIDEN NAME: Mary Ann Whitney,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, New York,

17. INFORMANT (ADDRESS): Mrs Emily Hautzenroeder R.F.D.# 5, St.Joseph, Mo.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE: Hoxie, Kansas DATE: Nov.25th. 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-Belcher & Bowman St.Joseph, Mo. Funeral Home
20. FILED: Nov 25 1939 Mrs. Lucy Powell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 24th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept. 11th, 1939, to Nov. 24, 1939
I last saw him alive on Nov. 24th, 1939. Death is said to have occurred on the date stated above, at 12:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia.	about 2 months
Hypostatic Pneumonia	
Other contributory causes of importance:	about 2 years
Cardiovascular Disease	
Kidney Insufficiency (from Prostate Hypertrophy)	

Name of operation: Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Shirley M. Toomey, M. D.
(Address) 216 Phys. & Surg. Bldg.,

(Licensed Embalmer's Statement on Reverse Side)

District 1239-1759

Date Filed DEC 13 1939

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, Nov. 24, 1939

....., or by .....

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

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 3109 So. St. Joseph 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.