

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3615
Registrar's No. 925

Registration District No. 774

Special Registration District No. 4465

1. PLACE OF DEATH:

- (a) County St Francis
(b) City or town Flat River Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 7

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days) 1/3

8. (a) PRINT FULL NAME Fannie Ellen Orabdel

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife w/m 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 20 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Ramy Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Ruler Bess

13. Birthplace Madison Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Married Bess

15. Birthplace Marquand Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence C Orabdel

(b) Address Flat River Mo

17. (a) _____ (b) Date thereof 1-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Map Center Farm

18. (a) Signature of funeral director Baldwell Bur

(b) Address Flat River Mo

19. (a) 2/25/40 (b) B Orabdel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francis

(c) City or town Flat River
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1940 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 12
_____ 1940, to Dec 15 1940

that I last saw her alive on Dec 15 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Duration _____

of stomach

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. H. ... (M. D. or other) M.D.

Address Flat River Mo Date signed 7/15/40

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.