S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3762

FILED FEB 16 1942

State File No. .....

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 23

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County SALINE

(b) City or town MARSHALL C.A. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SALINE 97

(c) City or town MARSHALL (If outside city or town limits, write "RURAL") 2

(d) Street No. 555 So English (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Lester Stephen Ordway

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife Anna Solomon Ordway

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Dec (Month) 7 (Day) 1878 (Year)

8. AGE: Years 63 Months 1 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation FARMING

11. Industry or business .....

FATHER
12. Name Hiram Ordway
13. Birthplace Vermont (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Lillie Schreckler
15. Birthplace SALINE Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Lester Ordway

(b) Address MARSHALL Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director Don Short

(b) Address Marshall Mo

19. (a) 1-27-42 (Date received local registrar) (b) Dep Mary Kent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1942 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 1941 to Jan 24 1942 that I last saw him alive on Jan 24 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Hypertension	?
Due to	
Other conditions Parkinsons Syndrome (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) M.D.

Address Marshall, Mo Date signed 1/27/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-13-42

JUL 29 1949

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 Donald W. Sloit

Licensed Embalmer No. 3757

P. O. Address Marshall 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, fact should be so stated above.