

FILED OCT 6 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7989**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town Rolla NR
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ORTEN, Maurice D.

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

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

(b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 20, 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 4 If less than one day
.....hr.min.

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

10. Usual occupation Teacher

11. Industry or business.....

12. Name J. J. Orten

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

14. Maiden name Mary Clay

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

16. (a) Informant Mrs. Margaret Orten

(b) Address Rolla Mo.

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

(c) Place: burial or cremation Marshfield Mo.

18. (a) Signature of funeral director Rainey Funeral Home

(b) Address Marshfield Mo.

19. (a) SEP 26 1942 J. J. Orten
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1942 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from July 29, 1942, to Sept. 24, 1942
that I last saw him alive on Sept. 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carious sinus thrombosis Duration
Basal meningitis - Not epidemic
Frontal abscess
Due to Frontal sinusitis - Non T.B.

Other conditions Multiple focal lymphadenitis
(Include pregnancy within 3 months of death)
Bronchiectasis

Major findings: 104
Of operations.....
Of autopsy cf above.

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

23. Signature Helen C. Reel (M. D. or other).....
Address BARNES HOSPITAL Date signed.....

OCT 16 1942

6862

OCT 19 1942

6862

FEB 16 1951

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.....

John Ketter

Licensed Embalmer No. *3880*

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, fact should be so stated above.