

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Liberty Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)

In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town Liberty Township  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Ortmeier

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married 1 divorced, married

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 3 1873  
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 12 hr. \_\_\_\_\_ min.

9. Birthplace Liberty Township  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Stephen Ortmeier

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

14. Maiden name Josephine Spertea

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

16. (a) Informant Edward S. Ortmeier

(b) Address Schuberts, Mo.

17. (a) Rural (b) Date thereof 9-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schuberts Mo

18. (a) Signature of funeral director Shope & Gordon

(b) Address Jefferson City, Mo

19. (a) 9-25-42 (b) Normal Richter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 25, year 1942, hour 6, minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1942, to Sept 25, 1942, that I last saw him alive on Sept 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Renal metastasis nephritis

Due to Erysipelas

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 131 lb

Of autopsy \_\_\_\_\_

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)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed 9/21/42

Durction Mo

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

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

26  
5  
4

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**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

*Louis Quent*

Licensed Embalmer No.

*4096*

P. O. Address

*Jeffersonville*

**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.**