

FD OCT 14 1943

Registration District No. **880367**

Primary Registration District No. **4557**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Washington**
 (b) City or town **Irondale**
(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)
 (d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Washington**
 (c) City or town **Irondale**
(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 **Sophia Ortnen**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **White** 6. (a) ~~Married~~ divorced

6. (b) Name of husband or wife **Anton Artner** 6. (c) Age of husband or wife **71** years

7. Birth date of deceased **Oct 6 1874**
(Month) (Day) (Year)

| | | | | |
|---------|-----------------|------------------|----------------|--|
| 8. AGE: | Years 66 | Months 11 | Days 18 | If less than one day hr. _____ min. _____ |
|---------|-----------------|------------------|----------------|--|

9. Birthplace **Arad, Hungraria**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Aradia Pain#**

13. Birthplace **Arad, Hungraria**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherin Szerb**

15. Birthplace **Arad, Hungraria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anton Ortnen**

(b) Address **Irondale, Mo**

17. (a) **St. Louis, Mo** (b) Date thereof **Oct 2 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **burial St Louis Mo**

18. (a) Signature of funeral director _____

(b) Address **Leadwood, Mo**

19. (a) **10-9-43** (b) **Mrs J.P. Yeargan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **29**
year **1943** hour **8** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **July 15**, 19**43**, to **Sept. 29**, 19**43**
that I last saw her alive on **Sept 27**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hyperstatic pneumonia**

Due to **living on back for a ##**
long ## while
cancer of lung

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

Major findings: **47d**
Of operations _____

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) (e) Means of injury

23. Signature **J.P. Yeargan** (M.D. or other) _____
Address **Irondale, Mo** Date signed **10-8-43**

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

809

RECEIVED

District Health Officer No. 4
District File Number 1043-2848
Date Filed 10-13-43

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 Bert L. Boyer
Licensed Embalmer No. 3445
P. O. Address Leadwood 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.