

S. No. 2
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5-17-39
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35438

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 12 1943

Registration District No. 266

Primary Registration District No. 5898

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Dora, no Richland

(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

In this community 30418 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dart 077

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

(d) Street No. 00 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Wm Newton Oretton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29
year 1943 hour about 9:00 minute PM M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;

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

6. (b) Name of husband or wife Jennette Oretton 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan 8 - 1877
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death was found dead

8. AGE: Years 66 Months 7 Days 21 If less than one day (hr. min.)

9. Birthplace Dora MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to heart condition

Due to had suffered attacks

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Wm Oretton

13. Birthplace Dora, Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dells

15. Birthplace Dora Co. MO
(City, town, or county) (State or foreign country)

Major findings: 2000 PHYSICIAN _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs M G Godes

(b) Address Dora MO

17. (a) (Burial, cremation, or removal) 92-43 (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Dora MO

18. (a) Signature of funeral director Robertson

(b) Address West Plains MO

19. (a) 10-19-1943 (b) O. S. Claybrook
(Date received local registrar) (Registrar's Signature)

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 Ch Beach MD (M. D. or other) _____

Address _____ Date signed _____

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

582

(Licensed Embalmer's Statement on Reverse Side)

Coroner Beach

RECEIVED

District Health Officer No. 6,

District File Number 1143-1203

Date Filed NOV 9 1943

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, fact should be so stated above.