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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37645**

FILED DEC 8 1943
Registration District No. **2/12**

Primary Registration District No. **5051**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Barry** *Mountain Township*
(b) City or town **Cape Fair, Mo.**
(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) **1**
(d) Length of stay: In hospital or institution:
In this community **All of Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Hattie Ormer.**
3. (b) If veteran, name war: No. 3. (c) Social Security No.:

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Thomas J. Ormer** 6. (c) Age of husband or wife if alive, years **1868**
7. Birth date of deceased: **November 8 1868**
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **2** If less than one day hr. min.

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

10. Usual occupation **Housewife**

MOTHER FATHER
11. Industry or business
12. Name **Emanuel Hall**
13. Birthplace **Don't know** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Don't know**
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Otis Ormer**
(b) Address **Cape Fair, Mo.**
17. (a) **Burial** (b) Date thereof **7-13-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ormer Cemetery**
18. (a) Signature of funeral director **W. D. Booth**
(b) Address **Cassville, Mo.**

19. (a) **11/20/43** (b) **W. H. Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Barry** **5**
(c) City or town **"Rural"** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **N.W. of Cape Fair, Mo.**
(rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country: **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10**
year **1943** hour **12 noon** minute **00** AM/PM
21. I hereby certify that I attended the deceased from **July 10** 19**43**
to **July 10** 19**43**
that I last saw her **alive** on **July 10** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Circulatory Failure** Duration **2 days**

Due to **hypertension**
Due to **hypertension** **10 days**
Septicemic skin infection **4 days**

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

PHYSICIAN
Major findings: **93rd**
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) ()
() Means of injury ()
23. Signature **A. P. Carth** (M.D. or other)
Address **Home, No.** Date signed **7-11-43**

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

1076

(Licensed Embalmer's Statement on Reverse Side)

Ca Petti
Cross, Mo

RECEIVED

District Health Officer No. 6,

District File Number 1143-1299

Date Filed NOV 30 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.....

W. C. Koon

Registered Apprentice No. 338

working under my personal supervision.

Signed.....

J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address.....

Monett 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.