. No. 2
-11-10-39
5-17-39
PI X21402

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3812C

State File No.

FILED DEC 8 1943

Registration District No. 188

Primary Registration District No. 301-8

Registrar's No. 161

1. PLACE OF DEATH:
(a) County: Dent.
(b) City or town: SALEM
(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 (Specify whether years, months or days)
In this community 58-11-2

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Dent 33 1
(c) City or town: Salem 1
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Edward Craig Orchard.
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Daisy E. Orchard.
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: Dec. (Month) 19 (Day) 1884 (Year)

8. AGE: Years 58 Months 11 Days 2 If less than one day hr. min.

9. Birthplace: Dent Co. Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation: Farmer.
11. Industry or business:
FATHER
12. Name: Albert Edward Orchard.
13. Birthplace: Dent Co. Mo. (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name: Frances Brown.
15. Birthplace: Dent Co. Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant: Daisy Orchard.
(b) Address: Salem Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Cedar Grove Mo.
18. (a) Signature of funeral director: Hobart Trautham
(b) Address: Salem. Mo.
19. (a) 11-23-43 (Date received local registrar) (b) Jas. N. McLeod by [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21 year 1943 hour 3. minute 00 P.M.

21. I hereby certify that I attended the deceased from May 26 1938 to Nov. 20 1943 that I last saw him alive on Nov. 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration 5-1/2 yrs
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: none
Of autopsy: none

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

23. Signature: [illegible] M.D. (M. D. or other)
Address: Salem Mo. Date signed 11/22/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 124 3685
Date Filed 12-7-43

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 me, Registered Apprentice No. _____ working under my personal supervision.

Signed Orval E Lickliter

Licensed Embalmer No. 3546

P. O. Address Lt James M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.