

FILED JAN 11 1944  
Registration District No. 128

Primary Registration District No. 5466

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

1. PLACE OF DEATH: Greene County  
(a) County \_\_\_\_\_  
(b) City or town Springfield Rural, D. Campbell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ozark Osteopathic Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether \_\_\_\_\_)  
In this community 11 years  
years, months or days)

3. (a) PRINT FULL NAME: Ole Jorgenson  
3. (b) If veteran, name war: Unk.  
3. (c) Social Security No. Unk.

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Martha Jorgenson  
6. (c) Age of husband or wife if alive: Unk. years  
7. Birth date of deceased: Nov 20 1862  
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Worby Norway  
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired R.R. Foreman

11. Industry or business: Bridge Building

12. Name: George Jorgenson

13. Birthplace: Unk. Norway  
(City, town, or county) (State or foreign country)

14. Maiden name: Unk.

15. Birthplace: Unk. Norway  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Jorgenson

(b) Address: Republic Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-26-43  
(Month) (Day) (Year)

(c) Place: burial or cremation: Evergreen Republic Mo

18. (a) Signature of funeral director: R. E. Thurman

(b) Address: Republic Mo

19. (a) Dec-28-1943 (Date received local registrar) (b) R. W. Hancal (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Republic  
(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.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 25  
year 1943 hour 12:30 minute PM  
21. I hereby certify that I attended the deceased from December 23  
1940, to 12-25, 1943;  
that I last saw him alive on 12-25-43, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Arterio Sclerosis

Due to \_\_\_\_\_  
Other conditions: 12/25/43  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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) \_\_\_\_\_  
23. Signature: R. W. Hancal (M.D. or other) \_\_\_\_\_  
Address: Republic Mo (City or town) (County) (State)

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

JAN 2 0 1944

JAN 18 1944

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.....

*PE. 17*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*PE. Thurman*

Licensed Embalmer No. ....

*503*

P. O. Address.....

*Republic 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.

*X*