

1. PLACE OF DEATH

(a) County Christian  
(b) City or town Osark Mo  
(c) Name of hospital or institution on the Public Square  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 7 yrs years, months or days

3. (a) PRINT FULL NAME Charles Jorg  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race w.  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Caroline Jorg 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 9 1854  
(Month) (Day) (Year)

8. AGE: Years 89 ~~84~~ Months 4 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer (Retired)

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name don't know  
13. Birthplace don't know (City, town, or county) (State or foreign country)  
14. Maiden name don't know  
15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Caroline Jorg  
(b) Address Osark Mo

17. (a) Buried (b) Date thereof Jan 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation union chapel

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Osark Mo

19. (a) 2-4-44 (b) Mabel Mapes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian  
(c) City or town Osark Mo  
(d) Street No. on Public Square  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12  
year 1944 hour 7 minute 25 PM  
21. I hereby certify that I attended the deceased from Jan 11 1944  
to Jan 12 1944  
that I last saw him alive on Jan 11 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Lobar Pneumonia Duration 6 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature R. R. Fathin (M. D. or other)  
Address Osark Mo Date signed 1-25-44

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

RECEIVED

District Health Officer No. 6,

District File Number 244-185

Date Filed FEB 11 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.....

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

working under my personal supervision.

Signed *T. B. Chaffin*.....

Licensed Embalmer No. 2192

P. O. Address *Ozark 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.