

FILED MAR 8 1944 286

Registration District No.

Primary Registration District No.

5-9-7-8-4-2-4 Registrar's No.

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town HUMANSVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 27 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Polk 84  
(c) City or town HUMANSVILLE  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME

John William Oringerff

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELLA ORINGERFF

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 28 1882  
(Month) (Day) (Year)

8. AGE:

Years 61 Months 2 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Polk Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name WILLIAM J. ORINGERFF

13. Birthplace UNKNOWN Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name MARIE J. SMITH

15. Birthplace UNKNOWN TENN.  
(City, town, or county) (State or foreign country)

16. (a) Informant John B Oringerff

(b) Address Humansville Mo

17. (a) BURIAL (b) Date thereof MAR. 3, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLYM GROVE

18. (a) Signature of funeral director W. H. Ginn

(b) Address Humansville, Mo

19. (a) Mar. 4-44 (b) Ora M. Rich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29  
year 1944 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(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) (e) Means of injury 3

23. Signature W. H. Ginn Deputy Coroner

Address Humansville, Mo. Date signed Feb. 29, 1944

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-44-234

Date Filed 3-7-44

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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.....

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

Signed E. H. Pinner.....

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.