No. 2
—2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38930

FILED DEC 11 1944

Registration District No. 3944

Primary Registration District No. 4472

Registrar's No. 37

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

700

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Slater "Rural" (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 1 (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97

(c) City or town Slater "Rural" 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDGAR HICKMAN OREAR

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 married

6. (b) Name of husband or wife Lula Kirby Orear

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May (Month) - 18 (Day) - 1883 (Year)

8. AGE: Years 61 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Saline County (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John F Orear
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Martha Hickman
15. Birthplace Saline County (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Edgar H Orear

(b) Address Slater Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem Marshall Mo

18. (a) Signature of funeral director Harry Herchberger

(b) Address Marshall Mo

19. (a) 11-25-44 (Date received local registrar) (b) Mrs. John Giger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1944 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov 10, 1944 to Nov 12, 1944 that I last saw him alive on Nov 12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations
Of autopsy

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 2

23. Signature E. W. Konrad (M.D. or other) D.O.

Address Slater Mo Date signed 11/12/1944

1211

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
...triot Health Officer No. 8,
...rict File Number.....
Date Filed 12-8-44

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.