V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

State File No. 2688

FILED JAN 16 1945

Registration District No. 1

Primary Registration District No. 5592

Registrar's No. 163

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL J DACHIN
(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 7 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON

(c) City or town RURAL 50
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ALVAH F. ORRELL

3. (b) If veteran, name war NONE

3. (c) Social Security No. ✓

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife LENNIE ORELL

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased MAR. (Month) 8 (Day) 1864 (Year)

8. AGE: Years 80 Months 8 Days 26 If less than one day hr. min.

9. Birthplace INDIANA (City, town, or county) 1 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business 11

FATHER
12. Name UNKNOWN
13. Birthplace 11 (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name 11
15. Birthplace 11 (City, town, or county) 9 (State or foreign country)

16. (a) Informant MRS. LENNIE ORELL 1
(b) Address PEVELY MO RR 1.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 - 9 - 44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ BURGESS

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO RR 2.

19. (a) Dec 8, 1944 (Date received local registrar) (b) Virginia Williams, Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 6
year 44 hour minute M.

21. I hereby certify that I attended the deceased from Sept 10, 1944 to Dec 6, 1944
that I last saw him alive on Dec 6, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Lobar	2 day
Due to Chr. Myocarditis	3 yr.
Due to Hypertension	?
Other conditions Infirmities of old age (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 Othmar J Sum (M. D. ~~or other~~)
Address Barnhart Mo Date signed 12/7/44

1354

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 1-11-45

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 Elmer Heiligtag

Licensed Embalmer No. 3571 Brunswick

P. O. Address 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, above space should be left blank.