S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38301

State File No.

FILED NOV 29 1945

Registration District No. 3052 Primary Registration District No. 294 3056 Registrar's No. 194

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 212 So 4th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah J. Ornburn
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 23rd (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
83	8	19	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name John R. Sims
13. Birthplace (City, town, or county) Ky (State or foreign country)
14. Maiden name Mary Ellen Woodard
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Miss Nellie Sims
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14th 45 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) 10-14-45 (Date received local registrar) (b) Leah Hutchens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12th year 1945 hour 5 minute 50 AM
21. I hereby certify that I attended the deceased from March 31, 1945 to Oct 12, 1945 that I last saw him alive on Oct 12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. myocarditis	2
Due to Hypertension	3
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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
23. Signature (M. D. or other)
Address Date signed 10/13/45

1601

(Licensed Embalmer's Statement on Reverse Side)

DEC 31 1949

AUG 29 1947

JUL 13 1951

RECEIVED
District Health Officer No. 10
District File Number 11-45-1667
Date Filed NOV 23 1945

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 Frank D. Dewett

Licensed Embalmer No. 3021

P. O. Address Moberly 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.