

FILED JAN 11 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3028Registrar's No. 2133

## 1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
McCune-Brooks Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: in hospital or institution 5 months  
(Specify whether  
 In this community 22 years  
years, months or days)

3. (a) PRINT  
FULL NAMEMary E. Ortloff3. (b) If veteran,  
name warnone3. (c) Social Security  
No. none

4. Sex Female 5. Color or  
race White 6. (a) Single, widowed, married,  
2 divorced, Widowed  
 6. (b) Name of husband or wife. Ferdinand Ortloff 6. (c) Age of husband or wife if  
alive. --- years  
 7. Birth date of deceased. September 17 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 3 3 -- hr. --- min.

9. Birthplace Three Oaks Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name George Washburn

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

14. Maiden name unknown

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

16. (a) Informant Joy Ortloff

(b) Address Route 1, Carthage, Mo.

17. (a) Burial (b) Date thereof Dec. 22, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Hill Cemetery  
 Knell Mortuary

18. (a) Signature of funeral director. Carthage, Missouri

(b) Address 17-2-45 (c) D. B. Clinton M. 10  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

Missouri Jasper 49  
 (a) State. (b) County.  
 (c) City or town. Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route 4  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20  
 year 1945 hour 12 minute 05 AM

21. I hereby certify that I attended the deceased from  
July, 1945, to Dec 12, 1945  
 that I last saw him alive on Dec 19, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary pneumonia

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

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

Other conditions.  
(Includes pregnancy within 3 months of death)

Major findings:  
 Of operations 108

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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. E. B. ... (M. D. or other) \_\_\_\_\_

Address Carthage Mo Date signed 12-21-45

Duration

7 hrs

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

45-12-196

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

*Frank W. Kuehl*

Registered Apprentice No. *379*

working under my personal supervision.

Signed

*Emm Retneel*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.