

S. No. 2
M-5-43
v. 5-17-39
I. X38671

State File No.

FILED AUG 9 1946
318

Registrar's No. 6501

Registration District No. 318 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution App. 11 hrs.
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County White

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

(d) Street No. 215 South Sixth
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ORLEY WANTLAND

3. (b) If veteran, name war World War I. 3. (c) Social Security No. 493-10-7325

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Yvonne 6. (c) Age of husband or wife if alive 39.5 years

7. Birth date of deceased September 7, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>50</u>	<u>5</u>	<u>10</u>	<u>13</u>
				hr. min.

9. Birthplace Brownstown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Rock plant coner

11. Industry or business Rock plant

12. Name Simpson Grant Wantland

13. Birthplace Greenfield Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Lottie Genevieve Banchere

15. Birthplace Potosi Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Orley Wantland

(b) Address Carmi Illinois

17. (a) Removal (b) Date thereof July 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery, St. Louis, Mo.

18. (a) Signature of funeral director Katherine P. ...

(b) Address Carmi Ill

19. (a) III 24 1946 (Date received by Registrar) J. F. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1946 hour 020 7 minut 20a. 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: Blunt force trauma of skull, right, with fracture of base of skull when he fell from roof of gravel container while working in his gravel yard.
Duration _____
Died at home a fall about 4:00 PM July 17 1946

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) Accident MVC

(b) Date of occurrence July 17 1946

(c) Where did injury occur St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place? Industrial

While at work _____ (Specify type of place) (a) Means of injury see above

23. Signature J. F. ... (M. D. or other)

Address St. Louis Date signed 7/24/46

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

24684

MOTHER: Lottie Genevieve Banchere

FATHER: Simpson Grant Wantland

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..... *John Ketter*

Licensed Embalmer No. *3880*

P. O. Address..... *St. Louis 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

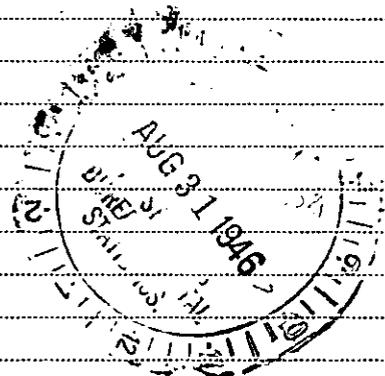
State of..... }
County of..... } ss.

State File No. 20150
Local Registrar's No. 6501

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of August, 1946, before me appears.....
Mrs. Orley Wantland, who, upon her oath, states that the original record of birth death
for Orley Wantland died 7-20-1946, 19....., in the State of
~~XXXXX~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

- Item No. 7 should read September 7-1895
Instead of September 7-1894
- Item No. 8 should read Age 50 Yrs. 10 mo. 13 days
Instead of Age 51 10 13
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of



The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Orley Wantland Informant
Relationship.

Carmi, Illinois
Present Address.

Subscribed and sworn to before me this 29th day of August, 1946.

My Commission expires April 15, 1949
Luille Kettinger Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

