U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29537

FILED SEP 17 1946

Registration District No. 5120 Primary Registration District No. 5120 Registrar's No. 220

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone County Infirmary 5
(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 95 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

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

(d) Street No. Boone County Infirmary 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARIETTA OREAR

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 - 14 - 1850 (Month) (Day) (Year)

8. AGE: Years 95 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name John B. ORear

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

MOTHER 14. Maiden name Elizabeth Talbott

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

16. (a) Informant Mrs. R.O. Southard

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 9-10-46 (Date received local registrar) (b) Mrs R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from June 1 1946 to Sept 6 1946 that I last saw him alive on Aug 20, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	4 mos
Due to Arteriosclerosis	15 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No ops	
Of autopsy No autopsy	

93D

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 0

23. Signature A.W. Kaufschmidt (M. D. or other)

Address Columbia, Mo. Date signed 9/8/46

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

28373

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-45
Date Filed 9-16-46

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 Tom M. McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.