

No. 2
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17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4621

State File No. _____

FILED FEB 24 1947

Registration District No. _____

Primary Registration District No. 5483

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution:
Rural Bethany Twp. - County Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years 5
(Specify whether _____)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Bethany Mo at county Home
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN WESLEY ORADY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1947 hour 8 minute 9 A.M.

21. I hereby certify that I attended the deceased from ✓
_____, 19____, to _____, 19____;

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased March 18 1893
(Month) (Day) (Year)

that I last saw h ✓ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

65 1 18 hr. _____ min.

Immediate cause of death Infection from progressing red sores.
Paralytic fever
Due to Pneumonia (Syphilitic)

Due to _____

9. Birthplace Bethany City, Mo (City, town or county) (State or foreign country)

10. Usual occupation Laborer

Other conditions Hepatitis Pneumonia
(Include pregnancy within _____ months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Edward Orady

13. Birthplace Bethany City, Mo (City, town, or county) (State, foreign country)

14. Maiden name Elizabeth Ward

15. Birthplace Bangor, Mo (City, town or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 306

Underline the cause to which death should be charged statistically.

16. (a) Informant Rosa M. Gusselle

(b) Address Bethany, Mo

17. (a) Burial (b) Date thereof Jan 31 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director W.D. Glines

(b) Address Bethany, Mo

19. (a) Feb. 12-47 (b) John Burris
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. G. Seabast (M. D. or other) MD
Address Bethany Date signed Feb 17 1947

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

W.D. Haines....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W.D. Haines*.....

Licensed Embalmer No. *842*.....

P. O. Address *Gilman City 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.