

No. 2
12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10373

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 67

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

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:
414 Hayes Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME James Vorge

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

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

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

7. Birth date of deceased June 3rd 1884
(Month) (Day) (Year)

8. AGE: 62 Years 9 Months 14 Days If less than one day hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business _____

12. Name Andrew Vorge

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

14. Maiden name Mary F. Gentry

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

16. (a) Informant Mrs. C. S. Smith

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Mar 19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Makin and Son

(b) Address Moberly Mo

19. (a) Mar 19-47 (b) Leah Williams
(Date received local Registrar) (Registrar's signature)

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. 414 Hayes
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1947 hour _____ 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from Mar. 17, 47
21 1947 to Mar 17 1947
that I last saw him alive on Mar 17
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Strokes
Due to Do not know

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy no 94A

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)
(c) Means of injury _____

23. Signature J. H. Meager (M. D. or other) _____

Address Moberly Mo Date signed 3-17-47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No 10
District File Number 2-47-55
Date Filed MAR 24 1947

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 D^r Witt
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.