

S. No. 2
FORM-5-43
rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 996

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St. Joseph's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1015 So 15th St.
(Only give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JERRY LEE Orcutt

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 18
year 47 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 10:30 am
8-18-47, 1947 to 5 pm 8-18, 1947
that I last saw h. i. m. alive on 8-18-, 1947
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race w.

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased 8-18-47
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Duration Perch day

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>0</u>	<u>7 hr.</u> min.

Due to _____

Due to _____

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

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

10. Usual occupation New born

Major findings:
Of operations 159

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Archie Augustus Orcutt

13. Birthplace Broken Arrow, Okla. Wagoner county
(City, town, or county) (State or foreign country)

14. Maiden name Brown, Mrs. Catherine

15. Birthplace Plot Point, Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Archie Augustus Orcutt

(b) Address 1015 South 15th Street

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

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Herman W. Didenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 8-21-47 (b) K. B. Jenkins
(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 0

23. Signature St. Joseph (M. D. or other) _____
Address St. Joseph Date signed 8-18-47

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.....

Robert K. Gaph
.....
Licensed Embalmer No. *3308*

P. O. Address..... *St. Joseph, 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.