. S. No. 2
M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 14 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36183

Registrar's No. 10153

1. PLACE OF DEATH:

(a) County

(b) City or town: ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3908 GLASGOW AV
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 1 WK. (Specify whether years, months or days)

In this community: 1 WK.

2. USUAL RESIDENCE OF DECEASED:

(a) State: MICHIGAN (b) County: — 999

(c) City or town: LANSING 20
(If outside city or town limits, write "RURAL")

(d) Street No.: RR # 4. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME: ORA OTIS RICHARD

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: MARRIED

6. (b) Name of husband or wife: GRACE

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: SEPT (Month) 28 (Day) 1875 (Year)

8. AGE: Years 72 | Months 1 | Days 3 | If less than one day ... hr. ... min.

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

10. Usual occupation: FIREMAN

11. Industry or business: CITY POWER PLANT (LANSING MICH.)

FATHER
12. Name: UNKOWN
13. Birthplace: UNKOWN 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: UNKOWN
15. Birthplace: UNKOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant: GRACE RICHARD
(b) Address: RR#4 LANSING MICH.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation: MURPHYSBORO ILL.

18. (a) Signature of funeral director: ROWLAND FUNERAL SER
(b) Address: 4355 WASHINGTON AV

19. (a) NOV 3 1947 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 1ST year 1947 hour 9 minute 30A M.

21. I hereby certify that I attended the deceased from OCT 29, 1947 to NOV 1, 1947 that I last saw him alive on OCT 31, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myrenditis	6 mo
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) 0

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: NO. CASS AV. Date signed: 11/1/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Rex E. Campbell

Licensed Embalmer No.....3887

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.