S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5560

FILED FEB 19 1948

Registration District No. 2248 Primary Registration District No. 5805 Registrar's No.

69

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

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town RURAL—JEFFERSON TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 MI. N. OF VICTOR, MO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County MONROE 69
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 MI. N. OF VICTOR, MO. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME FLOYD ALLEN DE ORNELLAS
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 SINGLE
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased SEPT. (Month) 7, (Day) 1947 (Year)

8. AGE: Years 0 Months 4 Days 27 If less than one day ✓ hr. ✓ min.

9. Birthplace MONROE CO., (City, town, or county) MO. (State or foreign country)
10. Usual occupation NONE
11. Industry or business —
FATHER
12. Name THEODORE DE ORNELLAS
13. Birthplace MONROE CO., (City, town, or county) MO. (State or foreign country) 0
MOTHER
14. Maiden name MINNIE GREGG
15. Birthplace WALLA WALLA, (City, town, or county) WASH. (State or foreign country)
16. (a) Informant THEODORE DE ORNELLAS
(b) Address R.F.D. STOUTSVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT HILL
18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO
19. (a) 2-5-48 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature) LDO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 4TH
year 1948 hour 2 minute 45 P M.
21. I hereby certify that I attended the deceased from 2-4- 1948, to 2-4- 1948
that I last saw him alive on 2-4- 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	2 days
Due to Influenza	8 days
Due to	
Other conditions (Include pregnancy within 3 months of death) 33 A	
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 F. G. Barnett (M. D. or other) MD
Address PARIS, MO Date signed 2-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-48344
Date Filed FEB 17 1948

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 E. L. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.