

FILED SEP 15 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27984

Do not use this space.

## 1. PLACE OF DEATH

(a) County Randolph Registration District No. 294  
(b) Township Drainie Primary Registration District No. 0008  
(c) City Renick (d) Street No. 0 Registered No. 143  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Lillie Mae Ornburn  
(a) Residence, No. Renick, Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Benjamin Franklin Ornburn  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1872

7. AGE YEARS 70 MONTHS 5 DAYS 13 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Randolph Co  
(STATE OR COUNTRY) Mo13. NAME Robert Schooling14. BIRTHPLACE (CITY OR TOWN) Beene Co, Mo  
(STATE OR COUNTRY)15. MAIDEN NAME Delia Winn16. BIRTHPLACE (CITY OR TOWN) Boone Co, Mo  
(STATE OR COUNTRY)17. INFORMANT Frank L. Ornburn  
(ADDRESS) Renick, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Church 8-5 4219. FUNERAL DIRECTOR (NAME) W. A. Thompson  
(ADDRESS) Madison, Mo20. FILED 8/5 19 42 Anna Hull  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 194222. I HEREBY CERTIFY That I attended deceased from Aug 2, 1942 to Aug 2, 1942I last saw him Aug 2, 1942 Death is said to have occurred on the date stated above, at Renick, Mo

The principal cause of death and related causes of importance were as follows:

ChokingOther contributory causes of importance: 83a!

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Choking Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) R. E. Woods, M. D.(Address) Clark Mo

RECEIVED

District Health Officer No. 10

District File Number 9-42-1752

Date Filed SEP 14 1942

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 Mrs. Fresa Thompson

Licensed Embalmer No. 3282

P. O. Address Medway, Md

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, above space should be left blank.