

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED DEC 17 1943

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

43396
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 277

(b) Township Course Primary Registration District No. 3-949

(c) City Bowling Green (d) Street No. 1 St.

(e) Length of residence in city or town where death occurred Bowling Green, Mo. (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John C Orf

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Orf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1967

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

76 0 26

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo.

FATHER

13. NAME Lewin Orf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Elizabeth Roethger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo.

17. INFORMANT (ADDRESS) Mrs. John C. Orf Bowling Green Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Clement Mo DATE 11 4 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Grace Banfield Bowling Green Mo.

20. FILED 11/30 1943 Mrs. Frank Gordon Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1943

22. I HEREBY CERTIFY that I attended deceased from May 26 1943 to Nov 3 1943

I last saw him alive on Oct 28 1943. Death is said to have occurred on the date stated above, at 5 a. m.

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

Cerebral embolism

Date of onset _____

Other contributory causes of importance: Thrombosis of both femoral and iliac veins.

Name of operation Amputation both legs. Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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) Reginald Perryman M. D.

(Address) Bowling Green, Mo

1180

Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number *12-43-1983*

~~District File~~ **DEC 14 1943**

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 *Grace Banford*

Licensed Embalmer No. *2204*

P. O. Address *Bowling Green*

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.