

Registration District No. FILED FEB 13 1948

Primary Registration District No. 1000

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: St Joseph's Hosp
(d) Length of stay: In hospital or institution 1 Da
In this community 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 616 No 6th
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Boy Ortez

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 Jan 23 1945 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1 hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Fred Ortez

13. Birthplace Texas (City, town, or county) (State or foreign country)

14. Maiden name Consuelo

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

16. (a) Informant Fred Ortez

(b) Address St Joseph Mo

17. (a) Burial (b) Date thereof 1-25-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cem.

18. (a) Signature of funeral director Fleeman + son Inc

(b) Address St Joseph Mo

19. (a) 1-25-45 (b) Helen L. Pichel (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1945 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 23 1945 to Jan 24 1945 that I last saw him alive on Jan 24 and that death occurred on the date and hour stated above.

Immediate cause of death Adiposclerosis - Duration Jan 23/45

Due to Premature -

Due to 15 A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature Frank Hardeyard M. D. or other

Address 620 Spruce Date signed 1/25/45

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

MOTHER FATHER

1577

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed.....
Robert H. Yapple

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.