

FILED MAR 3 1945

Primary Registration District No. 5466

Registrar's No. 187

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

6-12-39

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town RURAL, S. CAMPBELL TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 25 yrs OZARK OSTEO. HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Rogersville Mo. P# 2
(If outside city or town limits, write "RURAL")
(d) Street No. P# 2 (If rural, give location) 112
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

William Spencer Orzell

3. (b) If veteran,

name war UNK.

3. (c) Social Security

No. UNK.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eloise Orzell 6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased Oct 20 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name W. O. Orzell
13. Birthplace Arkansas Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Simmons
15. Birthplace Alton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Eloise Orzell
(b) Address P# 2 Rogersville Mo.

17. (a) Burial (b) Date thereof March 7 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenbush

18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1100 Booneville Ave. Springfield Mo.

19. (a) 3-6-45 (b) 58 W. E. Dandley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 5, year 1945 hour 2:00 minute P M.
21. I hereby certify that I attended the deceased from Feb 15 1945 to March 6 1945;
that I last saw h. i. m. alive on Mar 5 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal uremia Duration 1 wk
Due to Chronic glomerular nephritis 6 yr. RS

Due to 1
Other conditions Toxic hemoglobinemia
(Include pregnancy within 3 months of death)

Major findings: Of operations 131
Of autopsy 131

PHYSICIAN
Underline the cause to 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) _____
(c) Means of injury _____
Signature Walter J. Dandley (M.D. or other) MD
Address Rogersville Mo. P# 2 Date signed 3-6-45

APR 9 1945

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.

X