

FILED APR 17 1945

Registration District No.

Primary Registration District No. 5280

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

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Ashtown
(c) Name of hospital or institution: camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark
(c) City or town Ashtown Mo
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mary Esther Orfield

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles P. Orfield 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec. 12 - 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1945 hour 2 minute P.M.
21. I hereby certify that I attended the deceased from Feb 1 1945 to 2-8- 1945 that I last saw him alive on 2-7- 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

8. AGE: Years 74 Months 1 Days 26 If less than one day hr. min.

Due to Coronary Sclerosis

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

10. Usual occupation Housekeeping

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name Julius Hill

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

14. Maiden name Esther Ballard

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

16. (a) Informant Charles P. Orfield

(b) Address Ashtown Mo.

17. (a) Burial (b) Date thereof Feb. 11 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashtown Ce

18. (a) Signature of funeral director Arthur W. ...
(b) Address Ashtown Mo.

19. (a) 2-24-45 (b) Peny S. Barton
(Date received local registrar) (Registrar's signature)

Major findings: Of operations. Of autopsy. 94

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) (a) Means of injury.
23. Signature J. P. ... (M. D. or dentist)
Address Ashtown Mo. Date signed

PHYSICIAN
Duration
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 4-45-632

Date Filed APR 13 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 Otis L. Lutting
Licensed Embalmer No. 2965
P. O. Address Quincy 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.