

STANDARD CERTIFICATE OF DEATH

State File No. 10129

FILED APR 5 1946

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West 1st St. beside road 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66
(c) City or town Eldon 1
(If outside city or town limits, write "RURAL") 6
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Wesley Orender

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

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Delia Jones Orender 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 3 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 20 hr. min.

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

10. Usual occupation Retired Section Foreman

11. Industry or business _____

12. Name Jacob Orender

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

14. Maiden name Mary Sparks

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

16. (a) Informant Mrs Rosa Taylor

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 3-25-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) Mar. 24 '46 (b) Oliveretta Walt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1946 hour 8 minutes 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw h _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93%
Of autopsy _____

Duration

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) _____
While at work? _____ (e) Means of injury 3

23. Signature M.E. Humphreys (M.D. or other) D.O. Crowe
Address Ascumbeed, Mo. Date signed 3-23-46

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

5021

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-4-46

APR 22 1946

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.....

.....Louis D. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No.....3663.....

P. O. Address.....Eldon.....

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.