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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21259

Registration District No. 376 Primary Registration District No. 6073 Registrar's No. 266

1. PLACE OF DEATH
(a) County St Francois
(b) City or town Bonne Terre Perry Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Bonne Terre (If outside city or town limits, write "RURAL")
(d) Street No. Route 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CHARLES HENRY ORRICK
3. (b) If veteran, name war V
3. (c) Social Security No. V
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Jane Orrick
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March (Month) 3 (Day) 1872 (Year)
8. AGE: Years 74 Months 3 Days 12 If less than one day ..... hr. ..... min.
9. Birthplace Clay County Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER 12. Name William Orrick
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Nancy Wilson
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mary Jane Orrick
(b) Address R-2 Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Germanadam
18. (a) Signature of funeral director Benham Bros.
(b) Address 313 Benham Bonne Terre Mo
19. (a) 6-20-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1946 hour 11 minute 12 P. M.
21. I hereby certify that I attended the deceased from Aug 1 1944 to June 15 1946 that I last saw him alive on June 13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis 5 yrs
Due to: unknown
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations 13/18
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 .....
23. Signature G. L. Evans (M. D. or other)
Address Bonne Terre Mo Date signed 6-18-46

289 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK MAKE A PERMANENT RECORD

94 0 0

20128

RECEIVED

District Health Officer No. 4

District File Number 746-2348

Date Filed 7-10-46

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.