

FILED OCT 17 1946

Registration District No. 210

Primary Registration District No. 5774

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural - Ravanna Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martin Deardorff

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 30 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days _____ If less than one day
hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER { 12. Name Thomas Deardorff
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Ester Harryman
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Johnson
(b) Address Princeton, Mo.
17. (a) Burial (b) Date thereof 10-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Ravanna Ceme.

18. (a) Signature of funeral director. Martin Funeral Home
(b) Address Princeton, Mo.
19. (a) 10-2-46 (b) Evon Mather
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30
year 1946 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 9-29-46
to 9-29-46, 1946 to 9-29-46, 1946
that I last saw h. IM alive on 9/28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 6 days
Due to Diseases of coronary arteries Unknown

Other conditions Hypertropied Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 94A
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 Don E. Sigler OO 2
Address Princeton Mo. - Date signed 9/30/46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 H. Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Sumner, 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.