

S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26873**
Registrar's No. **997**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 hours
(Specify whether
In this community 19 hrs. life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 So 15 St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jerry Dee Orcutt
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive * years _____
7. Birth date of deceased 8-18-47
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 19
year 47 hour 6:43 minute AM M.
21. I hereby certify that I attended the deceased from 8-18-47 to 8-19-47
6:43 AM and that death occurred on the date and hour stated above.
that I last saw him alive on 8-18-47
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:
Years Months Days If less than one day
0 0 0 19 hr. min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER {
11. Industry or business None
12. Name Archie Augustus Orcutt
13. Birthplace Broken Arrow, Okla.
(City, town, or county) (State or foreign country)
14. Maiden name Miss Catherine Brown
15. Birthplace Plat Point, Texas
(City, town, or county) (State or foreign country)
16. (a) Informant Archie Augustus Orcutt
(b) Address 1015 S. 15th St.
17. (a) Burial (b) Date thereof Aug. 19, 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 8-21-47 (b) G. L. Jenkins
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury U
23. Signature [Signature] (M. D. or other)
Address St. Joseph Date signed 8-19-47

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

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.....

.....
working under my personal supervision.

Signed..... *Robert H. Gable* Registered Apprentice No.....

Licensed Embalmer No. *3308*

P. O. Address..... *St Joseph, 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.