

No. 2
M-5-43
5-17-39
X35671

FILED JAN 5 1948
Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 419

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

1. PLACE OF DEATH:
(a) County MARION
(b) City or town HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. ELIZABETH HOSP O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 12 MI. E. OF PARIS
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LESLIE DE ORNELLS
3. (b) If veteran, name war /
3. (c) Social Security No. YES
4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CARRIE DE ORNELLS
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased AUG. 27, 1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 15 year 1947 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from 12-11 1947 to Dec. 15 1947
that I last saw him alive on 12-14 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 3 Days 18
If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Due to Changshuts
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none 131 B

9. Birthplace JACKSONVILLE ILL
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER

MOTHER FATHER
11. Industry or business
12. Name STEPHEN DE ORNELLS
13. Birthplace N.K. 9
(City, town, or county) (State or foreign country)
14. Maiden name MINNIE HUNES
15. Birthplace N.K. 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. CARRIE DE ORNELLS
(b) Address STOUTSVILLE, MA
17. (a) BURIAL (b) Date thereof DEC. 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT HILL CEM.
18. (a) Signature of funeral director Speed of Bakery
(b) Address PARIS, MO.
19. (a) 12-23-47 (b) S. E. M. Luoke
(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 _____
23. Signature [Signature] (M. D. or doctor)
Address HANNIBAL, MO. Date signed 1/4/48

JAN 6 1948

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..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address..... Paris, 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.