

FILED OCT 8 1948  
Registration District No. 2088

Primary Registration District No. 4531

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Warrenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 14 days  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109  
(c) City or town Warrenton  
(If outside city or town limits, write "RURAL")  
(d) Street No. A.J. Memorial Home 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: -

3. (a) PRINT FULL NAME Eliza O. Ordelleide

3. (b) If veteran, name war. None 3. (c) Social Security No. ....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Louis F. Ordelleide 6. (c) Age of husband or wife if alive. 23 years  
7. Birth date of deceased. 6 (Month) 23 (Day) 1879 (Year)

8. AGE: Years Months Days If less than one day  
79 2 28 0 hr. 0 min.

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

10. Usual occupation Retired Housewife

11. Industry or business General duties

MOTHER FATHER { 12. Name Henry H. Obersmith 4  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Mollie Parks  
15. Birthplace Lincoln Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Louis F. Ordelleide  
(b) Address New Malley Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 9-24-1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo.

18. (a) Signature of funeral director. Alvin A Jones  
(b) Address Bellflower Mo.

19. (a) 9/21/48 (Date received local registrar) (b) Emmanuel M. Waters (Registrar's signature) (c) LLA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Monthly Sept 21 day year 1948 hour 10 minute 45 M.

21. I hereby certify that I attended the deceased from Sept 7 1948, to Sept 21 1948;  
that I last saw h. al alive on Sept 21 1948;  
and that death occurred on the date and hour stated above

Immediate cause of death  
Chronic Myocarditis ischemic  
Coronary atherosclerosis ischemic  
Due to Spinal cord tumor ischemic  
Basal ganglia type tumor ischemic  
Due to Paresis of left hand ischemic  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 430  
Of autopsy 430  
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?

While at work? (Specify type of place) (c) Means of injury? fall  
23. Signature Alvin A Jones (M. D. or other) MD  
Address Warrenton Mo Date signed Sept 21 1948

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
OCT 8 1948  
Date Filed

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..... *Bland A Jones*.....

Licensed Embalmer No. 2978.....

P. O. Address Bellflower 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.