. No. 2
-11-10-39
5-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19196

State File No.

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 170

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 10 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia (If outside city or town limits, write "RURAL")

(d) Street No. 232 South Mo (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME IRENE McROREY 266

3. (b) If veteran, name war

3. (c) Social Security No. 422-14-5307

4. Sex FEMALE

5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 9 (Day) 1894 (Year)

8. AGE: Years 45 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation Office work

11. Industry or business W. P. A.

FATHER
12. Name James McRorey
13. Birthplace Clay County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ella Morlin
15. Birthplace London (City, town, or county) Canada (State or foreign country)

16. (a) Informant Mrs Arthur Kullman

(b) Address Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/40 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 5-6-40 (Date received local registrar) (b) Mrs. Harry Snell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1940 hour 4.02 AM minute M.

21. I hereby certify that I attended the deceased from February 19th, 1940 to May 4th, 1940 that I last saw he alive on May 4th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Surgical Shock following Laparotomy 5-3-40	20 hours
Due to: Removal of Ruptured Left Ovarian Cyst	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Nervous —	?

Major findings: Of operations As stated above.

Of autopsy

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) No

(b) Date of occurrence

(c) Where did injury occur? None (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 Jno B. Carlile M.D. (M. D. or other)

Address Sedalia Mo. Date signed 5-6-40

(Licensed Embalmer's Statement on Reverse Side)

5

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-14-40

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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, above space should be left blank.