

STANDARD CERTIFICATE OF DEATH

State File No. 14844

Registration District No. 471

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Della Louella Orwan
3. (b) If veteran, name war *No* 3. (c) Social Security No. No.

4. Sex Fem / 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife OSCAR 6. (c) Age of husband or wife if alive June 1, 1887 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Noble County / Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Home duties

11. Industry or business Home

12. Name Leicester McVicker

13. Birthplace Noble County / Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Sarena Stanathan

15. Birthplace Noble County / Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Urgal C. Orwan
(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 4-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST PARK CEM.

18. (a) Signature of funeral director Forest Park Cem. Co.
(b) Address Joplin, Mo.

19. (a) 4-24-41 (b) W.D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2409 Empire
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 12
1940 to Apr 22, 1941
that I last saw him alive on Apr 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma c. general / Abdominal metastases 2 yrs

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 372

(Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Herman A. Laforce (M. D. or other) MD
Address 607 Main Joplin Mo Date signed 4-23-41

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

49
2
5

FILED MAY 10 1941

41-5-463

5-5

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.....

Thy K. Hulbert

Licensed Embalmer No.....

959

P. O. Address.....

Open

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14844

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(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
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(d) Street No. _____
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Della Louella Oruan

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22
year 1997 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

Immediate cause of death Carcinoma and metastasis
Duration of general abdominal

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 21 hr. min.

Due to Carcinoma Stomach (primary) & general abdominal metastasis
Due to metastasis

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

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation

11. Industry or business

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

12. Name

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (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 Herman A. La Forge MD (Physician or other)
Address 607 Main Joplin Mo signed 6-20

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

SUPPLEMENTAL

