

AUG 27 1942
 Registration District No. 230

Primary Registration District No. 4373

Registrar's No. 17

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

1. PLACE OF DEATH:
 (a) County Madaway
 (b) City or town Barnard sum
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether
 In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Madaway
 (c) City or town Barnard
(If outside city or town limits, write "RURAL")
 (d) Street No. 5th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Orick
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 1
 year 1942 hour 7 minute 00 P.M.
 21. I hereby certify that I attended the deceased from July 1
1942 to Aug 1 1942
 that I last saw her alive on Aug 1 1942
 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 M
 6. (b) Name of husband or wife Henry Orick 6. (c) Age of husband or wife if alive 87 years
 7. Birth date of deceased Sept 20 1858
(Month) (Day) (Year)

Immediate cause of death hemiplegia from cerebral infarct, cerebral hemorrhage
 Due to _____ 25 days
 Duration

8. AGE: Years 83 Months 10 Days 11 If less than one day _____ hr. _____ min.

Due to _____
 Other conditions none
(Include pregnancy within 3 months of death)
 Major findings: Of operations not made
 Of autopsy not had
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace Amington Virginia
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife
 11. Industry or business own home
 12. Name John Yeary
 13. Birthplace Madison Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Brown
 15. Birthplace Arkwood Virginia
(City, town, or county) (State or foreign country)
 16. (a) Informant Mary Owens
 (b) Address Barnard Mo
 17. (a) Burial (b) Date thereof 8-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Barnard, Masonic
 18. (a) Signature of funeral director Campbell Funeral Home
 (b) Address 57 South Main, Maryville Mo
 19. (a) 8-2-1942 (b) A. D. Barnett
(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 Chas. D. Humbert (M. D. or other) MD
 Address Barnard, Mo Date signed 8/1/42

ADG 26 100

Handwritten notes and signatures, including "1000" and "1000" written vertically.

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 *William Campbell*.....

Licensed Embalmer No. *2620*.....

P. O. Address: *Maryville 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.