27798

V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 624 Primary Registration District No. 4375 Registrar's No.

74
0
0

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway 74

(c) City or town Hopkins 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DAISY ELLEN ORME

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife James Albert Orme

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. (Month) 27 (Day) 1882 (Year)

8. AGE: Years 60 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Surrey Co. (City, town, or county) N. C. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Shores
13. Birthplace (City, town, or county) N. C. 1 (State or foreign country)

MOTHER
14. Maiden name Safronia Harris
15. Birthplace (City, town, or county) N. C. 1 (State or foreign country)

16. (a) Informant J. A. Orme

(b) Address Hopkins, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) 8/15/1942 (Date received local registrar) (b) O. H. Sayler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12 year 1942 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from July 1, 1942 to Aug 12, 1942 that I last saw her alive on 8/12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

48b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address Hopkins Date signed 8/15/42

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 4281

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.