

LED NOV 12 1943

State File No.

Registration District No. 157

Primary Registration District No. 5586

Registrar's No. 201

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town RURAL - MARION TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #2, Carthage, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Rural - Marion Township 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Route #2, Carthage, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ORILLA ROSELLA MELUGIN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife SAMUEL T. MELUGIN 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased MAY 20, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 28 hr. min.

9. Birthplace WAYNE COUNTY, OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name DANIEL SHANK
13. Birthplace X PENN.
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE GROSS
15. Birthplace X OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Edison Melugin

(b) Address Route #2, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23 '43
(Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Oct. 20 '43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th -
year 1943 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 10 1943 to Oct 18 1943
that I last saw her alive on Oct 10 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Primary carcinoma Right ovary - 2 yrs

Due to H 9 a

Other conditions Advanced Arterio-Sclerosis
(include pregnancy within 3 months of death)
malnutrition

Major findings: Of operations

Of autopsy Carcinomatous tumor Rt. Ovary - metastasis, gallbladder and bowel.

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 Edward B. Clinton (M. D. or other) M.P.

Address Carthage, MO Date signed 10/17/43

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

48-10-935

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 Ed Lewis
Licensed Embalmer No. 2222
P. O. Address Carthage

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.