

18366

State File No. _____

Filed JUN 12 1944
Registration District No. _____ Primary Registration District No. 2001
Registrar's No. 281

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

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:
1510 Moffat
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Cora May Orrick

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan 29 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Johnstown Ind /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ruth Orrick

(b) Address 1304 Byers

17. (a) Date of burial, cremation, or removal Schooling Cemetery Sarcophy Date thereof 6-3-44
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Parker Hunsaker;

(b) Address 6-3-44 Joplin, Mo.

19. (a) Date received local registrar _____ (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49

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

(d) Street No. 1304 Byers
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 5

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1944 hour 1 minute P M.

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

Immediate cause of death Pulmonary Thrombosis

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 111a

Of autopsy _____

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) _____

(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? _____

23. Signature P. H. Hunsaker (M. D. or other) _____
(Specify type of place) (Means of injury)

Address Carthage Mo 3 Date signed June 7 44

44-5441

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine 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.