V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5369

State File No. 16743

Registrar's No. 51

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town "Rural" Sheridan Township
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days)
In this community 1 Month

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Rural- Sheridan Township
(If outside city or town limits, write "RURAL")
(d) Street No. 7 Miles S.W. Gallatin, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Tracy Ethel Orcutt
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 Widowed
6. (b) Name of husband or wife Ralph E. Orcutt
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased November (Month) 1 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	6	19	hr. min.

9. Birthplace Unionville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name John Harvey Carr
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Alcey E. Davis
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Francis Kincade
(b) Address Gallatin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-1945 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery Jamesport, Mo.
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri
19. (a) 5-24-1945 (Date received local registrar) (b) L. O. Richeson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1945 hour 10 minute P M.
21. I hereby certify that I attended the deceased from April 22, 1945, to May 20, 1945; that I last saw her alive on May 19, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Peritoneal secondary adenocarcinoma with obstruction of the jejunum. — about 3 years or more.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 46
Major findings:
Of operations Same as above. Aug. 1942.
Of autopsy

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 Fred W. Wilson (M. D.)
Address Winston, Missouri Date signed 5/24/45

1084 (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 L. C. Richmond

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

RECEIVED
District Health Officer No. 1
District File Number
Date Filed

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.