

FILED OCT 15 1945
156

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. _____

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether life)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

(d) Street No. R.R.#2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) /
If yes, name country _____

3. (a) PRINT FULL NAME Norine Mhoon Morehead

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased June 20 1924
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>21</u> | <u>2</u> | <u>22</u> | hr. min. |

9. Birthplace Newton Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

MOTHER FATHER

11. Industry or business _____

12. Name Norise Poy Morehead

13. Birthplace Newton Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Estella Mhoon

15. Birthplace Newton Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant N. J. Morehead
(b) Address Seneca, Mo. R.R. 2

17. (a) Burial (b) Date thereof 9 13 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Mo.

18. (a) Signature of funeral director Bill Suzzard
(b) Address Seneca, Mo.

19. (a) 9-15-45 (b) Ed Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1945 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from August 21 1945
to Sept. 11 1945
that I last saw her alive on Sept. 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary embollus

Due to Cancer of left ovary.

Due to _____

Other conditions 490
(Include pregnancy within 3 months of death)

Major findings: Malignancy of left ovary

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 or means of injury)

23. Signature [Signature] (D. or other) _____
Address Joplin Mo. Date signed 9/13/45

Duration 1 day
several months

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

45-9-772

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.....

R. M. Buzzard

Licensed Embalmer No. *2334*

P. O. Address *Seneca 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.