S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 29 1945

STANDARD CERTIFICATE OF DEATH

State File No. 41457

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: Freeman Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1223 West 9th (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Orlena Victoria Badgley
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 July 8, 1862 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	4	26	hr. min.

9. Birthplace Daneville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Nathan Hill
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs C A West
(b) Address 1223 West 9th, Joplin, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Caney, Kansas
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 12-5-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1945 hour 6 minute a.M.
21. I hereby certify that I attended the deceased from Dec 1st 1945 to Dec 4 1945; that I last saw her alive on Dec. 3 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	36 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Fell & Hurt Hip Nov. 30 (no partners)	
Major findings: Of operations	
Of autopsy 10	

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 0
23. Signature [signature] (M. D. or [illegible])
Address Joplin Mo Date signed 12/5/45

(Licensed Embalmer's Statement on Reverse Side)

45-12-974

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 Joplin 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.