

4325

State File No. _____
 Registrar's No. ~~4325~~ 7

FILED FEB 11 1948
 Registration District No. 360

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(a) County Upton
 (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nevada City Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Upton 108
 (c) City or town Nevada 1
(If outside city or town limits, write "RURAL") 2
 (d) Street No. _____
(If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Orva J. Blythe
 3. (b) If veteran, name war no 3. (c) Social Security No. 497-12-4882
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 14, 1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20th year 1946 hour 9 minute 00A M.
 21. I hereby certify that I attended the deceased from Dec. 8, 1945, to Jan 20, 1946
 that I last saw her alive on Jan 19, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Carcinomatosis
 Due to Tumor of ovary removed in state of Oregon July, 1945
 Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>3</u>	<u>6</u>	hr. min.

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

9. Birthplace Quitman Ark. 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Hospital Employee
 11. Industry or business _____
 12. Name John Ford
 13. Birthplace Bebranch Ark. 1
(City, town, or county) (State or foreign country)
 14. Maiden name Mildred Leonard
 15. Birthplace unknown Tenn. 1
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy 570

16. (a) Informant Geo. Blythe
 (b) Address Nevada Mo.
 17. (a) Burial (b) Date thereof 1-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation North Burial Park
 18. (a) Signature of funeral director Fischer Funeral Home
(Specify type of place)
 (b) Address Nevada Mo. (c) Means of injury _____
 19. (a) 1-29-46 (b) W. Allyn Jancus
(Date received local registrar) (Registrar's signature)

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?
 (e) Means of injury _____
 23. Signature PR King (M. D. or other) _____
 Address Nevada, Mo. Date signed 1-22-46

331

OCT 24 1945
MAR 25 1946

RECEIVED

District Health Officer No. 7,

District File Number 1-46-91

Date Filed 2-8-46

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 Marsh E. Eshinger

Licensed Embalmer No. 26576

P. O. Address Nevada 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.