

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 20

Registration District No. 5

Primary Registration District No. 4016

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Tarkio  
(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 11 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Tarkio  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: --

3. (a) PRINT FULL NAME LUCRETIA IONA ORD

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 mar /  
6. (b) Name of husband or wife Walter M. Ord 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased June 26 1889  
(Month) (Day) (Year)

8. AGE: Years 57 Months \*\* Days 4 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Tarkio Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name James M. Wolf  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennie Swan  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter M. Ord  
(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 7/2/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) 7-2-46 (b) Mod. W. Cunningham  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1946 hour 7 minute -8 M.

21. I hereby certify that I attended the deceased from March-13 1945 to June-30-46 1946;  
that I last saw her alive on June-30-46 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma cervix uterus Duration 2 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 4/8/46

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Jordan (M. D. or other) \_\_\_\_\_

Address Tarkio, Mo. Date signed 7/1/46

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

MOTHER FATHER

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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.....

*John M. Davis*

Licensed Embalmer No. 2394

P. O. Address.....Tarkio, 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.**