

Registration District **MO JOL 22 1940**

Primary Registration District No. **6125-**

07

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

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Burdine (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 2 (Specify whether
In this community 16 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas
(c) City or town Cabool (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Euretta Orr

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Sept 28 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 28 If less than one day
hr. _____ min.

9. Birthplace N.Y. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Isaac Strubble

13. Birthplace N.Y. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Stefferson

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant W.F. Orr

(b) Address Cabool Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Cabool

18. (a) Signature of funeral director Dayton V. Elliott

(b) Address Cabool Mo.

19. (a) June 28 (b) Mrs. Clois Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1940 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from 5/13/40 to 6/26/40
that I last saw her alive on 6/26/40 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast with metastases

Duration 3 yrs.

Due to _____

Due to SD

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 Lucy Hoggard MD

Address Cabool Mo. Date signed 6/27/40

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.....

REC..... Working under my personal supervision.

District Health Officer No. 5,

District File Number 240 772

Date Filed 7/1/40

Signed Raymond V. Elliott
Licensed Embalmer No. 2252

P. O. Address Cabool

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, above space should be left blank.