

Registration District No. 780

Primary Registration District No. 117

Registrar's No. 2116

1. PLACE OF DEATH

(a) County Ordway
 (b) City or town Webster Groves
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
53 Jefferson Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 18 years _____
 years, months or days) _____

3. (a) PRINT FULL NAME Cora Price Obourn
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellsworth Obourn 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Aug 14 1896
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 2 25 hr. min.

9. Birthplace Farmington Township Penn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bilbert Price

13. Birthplace Tioga County Penn.
 (City, town, or county) (State or foreign country)

14. Maiden name Myrtle Burch

15. Birthplace Tioga County Penn.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ellsworth S. Obourn

(b) Address 53 Jefferson Rd. Webster Groves

17. (a) Burial (b) Date thereof 11-12-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd

19. (a) NOV 10 1940 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Webster Groves
 (If outside city or town limits, write "RURAL")
 (d) Street No. 53 Jefferson Road
 _____ (If rural, give location)
 0
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9th
 year 1940 hour 9 minute 25 M.

21. I hereby certify that I attended the deceased from April 1940 to Nov 9 1940
 that I last saw her alive on Nov 9 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cancer of uterus 20 yrs

Due to 48

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

Major findings: 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) (e) Means of injury _____

23. Signature B. A. Roy (M. D. or other) _____
 Address 2720 Washington Date signed 11-10-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOTHER FATHER

Dr. Rayston

4417 Hanley

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 *J. W. Binkley*
Licensed Embalmer No. *3653*
P. O. Address *St. Louis, 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, above space should be left blank.