S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4681

FEB JAN 25 1941

Registration District No. 875 | Primary Registration District No. 3039 | Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Vernon

(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: 8 hours (Specify whether years, months or days)

In this community: 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Vernon 108

(c) City or town: Nevada (If outside city or town limits, write "RURAL") 1

(d) Street No.: 5 10 E Sycamore (If rural, give location) 2

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Adelaide Elizabeth Ormsby

3. (b) If veteran, name war: no

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: Guy George Ormsby

6. (c) Age of husband or wife if alive: 40 years

7. Birth date of deceased: Aug (Month) 2, (Day) 1907 (Year)

8. AGE: Years 33 | Months 5 | Days 12 | If less than one day: hr. min.

9. Birthplace: Ogden (City, town, or county) / Utah (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER

12. Name: Henry Milton

13. Birthplace: Unknown? (City, town, or county) / Unknown (State or foreign country)

MOTHER

14. Maiden name: Ora Cooper

15. Birthplace: South Bend (City, town, or county) / Ind. (State or foreign country)

16. (a) Informant: Mrs Lawrence Delp

(b) Address: Box 51 Chipita Park, Colo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 17 '41 (Month) (Day) (Year)

(c) Place: burial or cremation: Deepwood Cemetery

18. (a) Signature of funeral director: Perry Funeral Home

(b) Address: Nevada, Mo

19. (a) 1-23-41 (Date received local registrar) (b) Allen E Kaye (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14, year 1941 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 13, 1941, to Jan 14, 1941; that I last saw her alive on Jan 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tetanus	4 days
Due to: Probably self induced criminal abortion about 3 wks	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none	
Of autopsy: none	

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:

23. Signature: R R Bay M.D. (M. D. or other) D

Address: Nevada Mo Date signed 1-15-41

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1945

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 Lloyd R. Winnett

Licensed Embalmer No. 2867

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, above space should be left blank.