

FILED OCT 11 1941

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 261

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Jan Slip
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yr 6 months
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town Wentworth TR #1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Tilden ORRICK

3. (b) If veteran, name war _____ 3. (c) Social Security No. Nine

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna ORRICK 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 13th 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name James ORRICK
13. Birthplace 1 Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mary Williams
15. Birthplace 1 Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records
(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof Sept 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carthage, Mo

18. (a) Signature of funeral director Blondie Funeral Home
(b) Address Carthage, Mo

19. (a) 9-9-41 (b) Allen V. Hays
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th
year 1941 7 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 24th, 1939 to Sept 9th, 1941; that I last saw him alive on Sept 8th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____

Other conditions Cerebral arterio sclerosis
(Include pregnancy within 3 months of delivery)

Major findings: _____
Of operations _____
Of autopsy _____

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 G. S. Warlick (M. D. or other) 0

Address State Hospital Nevada Date signed 9/9/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1753

Date Filed 60-9-41

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 _____

Licensed Embalmer No. 4194

P. O. Address Carthage

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.