V. S. No. 2
100M—5-43
Rev. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 - 1945

Registration District No. 260

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 21567

Registrar's No. 88

108
C
O

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town General Washington Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital #3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 yrs 9 mo 27 dys (Specify whether years, months or days)

In this community 30 yrs 9 mo 27 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Nevada (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 EVELYN ORNDUFF

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Sept (Month) 9 (Day) 1880 (Year)

8. AGE: Years 64 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Richard Fulford

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

14. Maiden name Elizabeth Anne Elliot

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

16. (a) Informant C. H. Orndiff

(b) Address Unknown

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Carthage, Mo

18. (a) Signature of funeral director Kays Funeral Service

(b) Address Nevada Mo

19. (a) 6-8-45 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1945 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 1 1944 to June 7 1945 and that I last saw her alive on June 7 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis acute	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Dementia Praecox	30 yrs

Major findings:
Of operations
Of autopsy No

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. G. Hall M.D. (M. D. or other)

Address Nevada Mo Date signed 6/7/45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 7

Number 6-45-669

Date Filed 7-11-45

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 Allen E. Tripp

Licensed Embalmer No. 1968

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, fact should be so stated above.