

B. No. 2  
-1/47  
5-17-39

State File No. ....

FILED JAN 17 1948

Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
615 Hampton Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 47 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 615 Hampton Place  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Grace Fitzgerald Orr

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Charles T. 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased April 4 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 7 16 hr. min.

9. Birthplace Newark New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business housewife

12. Name J.N. Fitzgerald

13. Birthplace Newark New Jersey  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Annin

15. Birthplace Newark New Jersey  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond F. Orr

(b) Address Fort Smith, Arkansas

17. (a) burial (b) Date thereof Nov 26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Manassoleum, Mount Hope Cemetery

18. (a) Signature of funeral director Thorphill-Dillon Mortuary  
Joplin, Missouri

(b) Address 11-29-47

19. (a) 11-29-47 (b) Delores Tompkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24  
year 1947 hour 5 minute 15 p. M.

21. I hereby certify that I attended the deceased from Nov 21, 1947 to Nov 24, 1947  
that I last saw h. ER alive on Nov 24, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of 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.....

Signature McCoomb (M. D. or other) MD

Address Joplin, Mo Date signed Nov 25 1947

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

MOTHER FATHER

DR. M.C. COOMBS

9  
2  
5/1

NOV 9 1948

SEP 28 1953

MAY 26 1954

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 Edwin M. Durgay  
Licensed Embalmer No. 3566

P. O. Address Joplin 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.