

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17711

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1007 Registered No. 2413
 (c) City Kansas City, Mo. (d) Street No. St. Luke Hospital, K.C. Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie Velvatee Orr.

(a) Residence, No. 4004 E. 56th Street, K.C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10th, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 2 9

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Operator at
 9. Industry or business in which work was done, as saw mill, bank, etc. Western Union Tel. Co.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.13. NAME Thomas Orr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Wilhelmina Schwab,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Mrs. Jennie A. Romary
(ADDRESS) 4004 E. 56th, Str., K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE May 22nd, 193919. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.20. FILED May 21, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19th, 193922. I HEREBY CERTIFY, That I attended deceased from 3-23-39, 19, to 5-19-39, 19

I last saw her alive on 5-19-39, 19. Death is said to have occurred on the date stated above, at 8:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Embolio lung abscess, rt. Date of onset 4-10-
aspiration pneumonia

Other contributory causes of importance:
Localized peritonitis. 3-23
Acute gangrenous perforative
appendicitis

Name of operation Appendectomy Date of 3-23-39
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) J. W. Harty, M. D.
 (Address) 828 Medical Arts Bldg.

Phone

Wash 5150

Medical Arts

34 Broadway

8th Floor

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.

P. O. Address

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.