

REC'D JUL 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22192
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township S Campbell Primary Registration District No. 5440 Registered No. 515
 (c) City SPRINGFIELD (d) Street No. P-7 Springfield 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

MARY ELIZA ORR
 (a) Residence, No. P-7 Springfield St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-5-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
✓ 78 8 18

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Georgia

FATHER
 13. NAME Thomas Watkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.

MOTHER
 15. MAIDEN NAME Cliza M. Prince

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) Taylor Orr P-7 Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookline DATE 6-25-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wynn-Hall Springfield Mo

20. FILED 6-24 1939 Chas. A. George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1939

22. I HEREBY CERTIFY, That I attended deceased from June 23 1939 to June 23 1939

I first saw him alive on June 23 1939. Death is said to have occurred on the day stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

1. Hypertensive heart disease with failure
 Date of onset 95 yr

Other contributory causes of importance:
Abdominal tumor - probably ovarian cyst

Name of operation None Date of
 What test confirmed diagnosis? clinical Was there an autopsy? no

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) Malcolm Klingner M. D.
 (Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Rayd W. Fox

Licensed Embalmer No. *2910*

P. O. Address *629 W. Walnut*

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.

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