REC'D JUL 18 1939

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

22645
Do not use this space.

N.B.—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.

1. PLACE OF DEATH
(a) County Maries - 2
(b) Township Boone 1
(c) City ..... (d) Street No. ..... 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.

Registration District No. 543
Primary Registration District No. 5743
Registered No. 8

2. PRINT FULL NAME Elzie Milford Orr
(a) Residence, No. 600 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Juley - Orr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-26-1892
7. AGE: Years 47 | Months - | Days 8. | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Missouri - O

FATHER
13. NAME George - Orr O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri O

MOTHER
15. MAIDEN NAME Rhoda Prater
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs George Orr
(ADDRESS) Dixon - Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stokes DATE 7/6 1939
19. FUNERAL DIRECTOR (NAME) Fred H Gilbert
(ADDRESS) Dixon - Mo
20. FILED July 14 1939 Mrs Rosa Lawson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 4 1939
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to July 4, 1939
I last saw h. alive on July 4, 1939. Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke	Jan 1 1939
Myocarditis	
Rheumatic Fever	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) F. H. Gilbert, M. D.
(Address) Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1945

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, ...

..... July 4th ....., or by .....

Registered Apprentice No. ..... ✓ ....., working under my personal supervision.

Signed Fred D. Gilbert

Licensed Embalmer No. 2341.

P. O. Address Dixon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.