

150 APR 12 1940 85
Registration District No. _____

Primary Registration District No. **4001**

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

I. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2812 Seneca
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Carrie Melissa Orr **600**

9. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife James Walter Orr 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased September 2, 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 25 If less than one day hr. _____ min.

9. Birthplace Chillicothe Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Harrison Nelson
18. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Jane Dunn
15. Birthplace Kingston Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gail D. Orr
(b) Address 2812 Seneca St., St. Joseph, Mo.

17. (a) burial (b) Date thereof March 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery Hamilton, Missouri

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faron, St. Joseph, Missouri

19. (a) March 28, 1940 (b) H. J. Swatlow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2812 Seneca
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1940 hour 1 minute 15 a. M.

21. I hereby certify that I attended the deceased from March 17, 1940 to March 27, 1940
that I last saw her alive on March 26, 1940
and that death occurred on the date and hour stated above
Immediate cause of death Myo Carditis

Due to g. & n.

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓
Of autopsy no

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? _____

23. Signature W. J. Mayes (M. D. or other) !
Address Ballinger Building Date signed _____
(Specify type of place) (e) Means of injury _____

Duration 10 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 *A. H. Kelly*.....

Licensed Embalmer No. 3946.....

P. O. Address St. Joseph, Missouri.....

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.