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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27535

Registrar's No. 3193

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community —— 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 05

(c) City or town Holden (If outside city or town limits, write "RURAL")

(d) Street No. 507 South Pine (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME LAURA BELLE ORMSBY

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. 8 - 1872 (Month) (Day) (Year)

8. AGE: Years 69 | Months 6 | Days 16 | If less than one day ..... hr. ..... min.

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

10. Usual occupation at Home

11. Industry or business .....

FATHER
12. Name John Ormsby
13. Birthplace (City, town, or county) West Vir (State or foreign country)

MOTHER
14. Maiden name Anna Amelia Jenney
15. Birthplace (City, town, or county) West Virginia (State or foreign country)

16. (a) Informant Mrs Mary Irene Willhorte

(b) Address Holden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-41 (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cem

18. (a) Signature of funeral director T.W. Goodman

(b) Address Holden Missouri

19. (a) 8/25/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1941 hour 12 minute 30 a M.

21. I hereby certify that I attended the deceased from Aug 21, 1941, to Aug 24, 19__; that I last saw her alive on Aug 23, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Splenic-myelogenous-leukemia	?
Due to	
Due to	
Other conditions: chr. interst. nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy ✓

PHYSICIAN — Underline the cause to 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 .....

23. Signature Wm R Jackson (M. D. or other) D

Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

Geo W Jackson.
1107 Bryant Bldg

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 Samuel B. Ropp.

Licensed Embalmer No. 4044

P. O. Address Holden Mo.

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

If this body is not embalmed, fact should be so stated above.