

Registration District No. **304**

Primary Registration District No. **5474**

Registrar's No. **27**

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

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1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Silman City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Visiting daughter in Silman City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State MT (b) County Caldwell
(c) City or town Polo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME

Chas C. Orr

3. (b) If veteran name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 18
year 1942 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from MAR 17 1942 to MAR 18 1942
that I last saw him alive on MAR 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to Chronic Nephritis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature J.C. Walker (M.D.) D.O.
Address SILMAN City MO Date signed 3-18-42

4. Sex M 5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harriette Orr
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Feb 11 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Caldwell Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name John Orr
13. Birthplace Ohio (State or foreign country)
14. Maiden name Randens Christman
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harriette Orr
(b) Address Polo MO

17. (a) Burial (b) Date thereof 3-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kingston MO

18. (a) Signature of funeral director Alspaugh + Cowley
(b) Address Polo MO

19. (a) Mar 20 1942 (b) John Burris
(Date received local registrar) (Registrar's signature)

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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.....

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, fact should be so stated above.