

No. 2  
9-4-41  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20385

State File No. \_\_\_\_\_

Registrar's No. **2421**

Registration District No. **3 29**

Primary Registration District No. **1002**

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

**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:  
2621 East 9th Street  
(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)  
 In this community 18 years or more

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson **48**  
 (c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2621 East 9th Street **8**  
(If rural, give location)  
 (e) Citizen of foreign country? No **0**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mrs. Abbie Orchard  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month June day 22 year 1942 hour 4 minute 30 P.M.

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Frank Orchard  
 6. (c) Age of husband or wife if alive --- years  
 7. Birth date of deceased: March 21 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

**8. AGE:** Years 77 Months 3 Days 1  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Duration \_\_\_\_\_  
Chronic Myocardial Coronary Sclerosis  
 Due to \_\_\_\_\_ **9:30 AM**  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER, FATHER

9. Birthplace Freeport Illinois  
(City, town, or county) (State or foreign country)  
 10. Usual occupation None  
 11. Industry or business none  
 12. Name Oren Mitchell  
 13. Birthplace Missouri **9**  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ruth  
 15. Birthplace Missouri **9**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Sub. Sample  
 (b) Address Burlington Kansas  
 17. (a) Cremation (b) Date thereof June 24, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation D.W. Newcomer's Sons  
 18. (a) Signature of funeral director D.W. Newcomer's Sons  
 (b) Address 1401 Brush Creek Blvd.  
 19. (a) 6-23-42 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
 While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address [Address] Date signed \_\_\_\_\_

**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

*Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *Kemo*

**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.**