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

FILED NOV 13 1942
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. _____

1. 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: State Hospital # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

In this community 10 months, 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Hamilton
(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 _____

3. (a) PRINT FULL NAME Moses Alfred Orr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or Race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 4 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>5</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business 1

MOTHER FATHER

12. Name Moses Orr

13. Birthplace Davies Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Bush

15. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp # 2

(b) Address St. Joseph, Mo.

17. (a) Revd (b) Date thereof Sept 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton

18. (a) Signature of funeral director Marion A. Blam

(b) Address Hamilton, Mo

19. (a) 9-22-42 (b) Abe Herzog
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from November 21 1941 to September 22 1942
that I last saw him alive on September 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 2 days

Due to Arteriosclerotic Heart Disease

Due to _____

Other conditions Intertrochanteric Fracture of left femur 9-21-42
(Include pregnancy within 3 months of death)

Major findings of operations _____

Of autopsy 186a
15

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) accident 131

(b) Date of occurrence September 21, 1942

(c) Where did injury occur? St. Joseph Buchanan Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hospital # 2
(Specify type of place) (e) Means of injury Fall to floor

23. Signature D. P. Johnson (M. D. or other) MD
Address State Hosp # 2 Date signed 9-23-42

DEC 1 1942

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..... *Morris A. Brown*.....
Licensed Embalmer No. *3918*.....
P. O. Address..... *Hamilton, Mo.*.....

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.