

FILED NOV 10 1942

Registration District No. 408

Primary Registration District No. 3-020 30.28

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
505 E. Chestnut St.
 (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 36 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route #4, Carthage
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Hosie Earl Orr

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced 3 divorced Divorced
 6. (b) Name of husband or wife Lois Christensen
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 24th, 1904
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>0</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Welder & Farming

11. Industry or business _____

MOTHER FATHER
 { 12. Name Wm. Thomas Orr
 { 18. Birthplace X Ga.
 { 14. Maiden name Matildia Steel
 { 15. Birthplace X Ga.

16. (a) Informant's own signature Mrs. Matildia Orr
 (b) Address 505 E. Chestnut St., Carthage

17. (a) Burial (b) Date thereof 10-22-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Curtis Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
 (b) Address 1208 Garrison, Carthage, Mo.
 19. (a) Oct. 22, 1942 (b) Elizabeth Coupler
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th
 year 1942 hour 5:00 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from June 6, 1942 to Oct 19, 1942
 that I last saw him alive on Oct 19, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic lymphatic leukemia duration about 2 year
 (Number 65 - International Classification of Diseases)

Due to _____
 Due to 74a
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations No operation
 Of autopsy No 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 l
 23. Signature D. B. Byrd M.D. (M. D. or other)
 Address Carthage Mo Date signed 10/22-42

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

REV. 5-17-39 I 119511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Edlemer
Licensed Embalmer No. 2222
P. O. Address Quirhage

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.