

FILED DEC 28 1942

Registration District No. 149

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: General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12-7-42-12-14-42  
(Specify whether  
In this community 31 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1403 Forest  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ORIENCE HAWTHORNE

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William Hawthorne 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased October 5 1907  
(Month) (Day) (Year)

8. AGE: Years 35 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Alonzo Wilson

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

14. Maiden name Olivia Baston

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 12/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highlands Park

18. (a) Signature of funeral director Roberts Bros

(b) Address 1729 Lydia

19. (a) 12-19-42 (b) M. M. Browe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14  
year 1942 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from December 7 1942 to December 14 1942  
and that I last saw her alive on December 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

Due to 94a

Due to \_\_\_\_\_

Other conditions (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? \_\_\_\_\_

While at work? (Specify type of place) Means of injury \_\_\_\_\_

23. Signature G. C. Thayer (M.D. or other) \_\_\_\_\_

Address Gen. Hosp #2-600 E 22 Date signed 12-12-42

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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..... *Isaac Jerome Myrdorff* .....

Licensed Embalmer No. *3994* .....

P. O. Address *2083 Highland* .....

**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.