

V. S. No. 2
00M--2-43
5-17-39
I x3897

ED AUG 21 1943
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(a) County Jackson

(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North East Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours
(Specify whether years, months or days)

In this community 18 hours

3. (a) PRINT FULL NAME Sharon Sue Orbison

3. (b) If veteran, name war -- no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, infant

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Aug. 8th, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 18 hr. min.

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

10. Usual occupation -- infant

11. Industry or business --

MOTHER FATHER { 12. Name James E Orbison

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

14. Maiden name Alma B. Theel

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

16. (a) Informant James E. Orbison

(b) Address 1524 West 29th Terrace K.C.Mo.

17. (a) Burial (b) Date thereof Aug. 10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemotey

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Indep. Ave. K.C.Mo.

19. (a) 8-10-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 78

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City, Mo. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1324 West 29th Terrace
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8
year 43 hour 5 minute 03 A.M.

21. I hereby certify that I attended the deceased from 8-8
1943 to 8-9-43 - 1943

that I last saw h.s.v. alive on 8-9-43 and that death occurred on the date and hour stated above.

Immediate cause of death Totat J. venen
U.L.C. 10 hr

Due to Organital Premely

Due to 1572

Other conditions ---
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations ---
Of autopsy ---
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) (a) Means of injury ---

23. Signature J. M. Thompson (M. D. or other) DC
Address 3800 E 27th St. Mo. Date signed 8-9-43

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.