

FILED DEC 3 1943
Registration District No. 119

Primary Registration District No. 1002

Registrar's No. 4793

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:
3941 WASHINGTON 3RD FLOOR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 YRS. 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. 3941 WASHINGTON 3RD FLOOR
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 13
year 1943 hour _____ minute _____ P. M.
21. I hereby certify that I attended the deceased from July 5 1938
to Nov 12 1943
that I last saw her alive on Nov 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Duration 2 mo
Due to Heart, Kidney and Vascular Disease 2 yrs
Due to _____
Other conditions (Include pregnancy within 3 months of death) 131a

3. (a) PRINT FULL NAME MRS. MARGARET ANN ORVIS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. JOHN J. ORVIS 6. (c) Age of husband or wife if alive Age 76 years
7. Birth date of deceased OCTOBER 22 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 21 If less than one day hr. _____ min. _____

9. Birthplace MADISON WISCONSIN
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name JAMES BENGE

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name BRIDGET EGAN

15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant John J. ORVIS

(b) Address 3941 WASHINGTON

17. (a) BURIAL (b) Date thereof Nov 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARY'S GEMETERY

18. (a) Signature of funeral director A. J. Newcomb

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-13-43 (b) H. E. Brown
(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 D. James J. Smith (M. D. or other) DO.
Address 1002 Chambliss Bldg. Date signed 11-17-43

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

FATHER
MOTHER

201

Chambers Blk. 25 E 12
11-9779

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..... *H. C. Newcomb Jr.*
Licensed Embalmer No..... *4045*
P. O. Address..... *H. C. Newcomb Jr.*

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.