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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5550**

FILED JAN 5 1944
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:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 Days**
(Specify whether years, months or days)

In this community **27 Years**
(Specify whether 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. **4101 Locoust Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **JOHN FRANCIS ORR**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or Race **White**

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

6. (b) Name of husband or wife **Annie E. Orr**

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

7. Birth date of deceased **June 20th 1860**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	6	5	hr. _____ min.

9. Birthplace **Cedarville Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Cordage Mfg.**

MOTHER FATHER

12. Name **John Orr**

13. Birthplace **Chester District So. Car.**
(City, town, or county) (State or foreign country)

14. Maiden name **Henrietta Kiloh**

15. Birthplace **Aberdeen Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Francis C. Orr**

(b) Address **6833 Locoust Street**

17. (a) Burial **Forest Hill** **(b) Date thereof** **Dec. 28, 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West 42nd Street**

19. (a) 12-27-43 **(b) P. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25th**
year **1943** hour **7** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 23 1939**, 19 to **Dec 25**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death
Burial Pn. Hypertensi
Uremia
Hypertensi - arterioscler
Heart disease

Due to _____

Due to _____

Duration
3 days
2 days
10 yrs

Other condition **Paternal bleeding - prostate**
(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? _____

23. Signature **Paul B. [Signature]** **(M. D. or other)** **[Signature]**

Address **928 Prof [Signature]** **Date signed** _____

Dr. Jerry
11-5
Prof. Building

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.