

FILED FEB 3 1944

Registration District No.

Primary Registration District No.

Registrar's No. 238

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: St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 In this community 10 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Orr,
 3. (b) If veteran, name war no.
 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Edward Orr
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased: March 10 1855
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 10 4
 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER
 12. Name John Holford
 13. Birthplace New York
 (City, town, or county) (State or foreign country)
 14. Maiden name Edna Benson
 15. Birthplace Connecticut
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Edna Orr,
 (b) Address 1160 E. 76th Ter., K. C., Mo.
 17. (a) Removal (b) Date thereof 1-16-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope, Wisconsin

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-16-1944 (b) J. E. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Wisconsin (b) County Jefferson
 (c) City or town Mount Hope,
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th
 year 1944 hour 10:58 minute P. M.
 21. I hereby certify that I attended the deceased from Feb 14, 1941
 19... to 1-14-44 1944

that I last saw her alive on Jan 14, 1944 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia
 Due to Chronic bronchitis
 Due to Hypertensive nephritis

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

Major findings:
 Of operations: _____
 Of autopsy: 1398

Duration
 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?
 _____ (Specify type of place)

While at work? _____ (e) Means of injury _____
 23. Signature W. M. ... MD (M.D. or Other) _____
 Address Canon City, Mo. Date signed 1-15-44

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

Dr. W. A. Myers

Dr. W. A. Myers

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.....

E. M. Plank

Licensed Embalmer No.....

1848

P. O. Address.....

75. C. 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.