

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 9 1944  
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1905 Mitchell Ave.  
(If not in hospital or institution, write street number or location)

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

In this community 41 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1905 Mitchell Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Myrtle Orme

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Jan. 18, 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Nodaway County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Blair Grade School

12. Name G. T. Orme

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

14. Maiden name Billisa Owens

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

16. (a) Informant Miss Nellie Orme

(b) Address 1905 Mitchell Ave.

17. (a) Removal (b) Date thereof Jan. 8, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Navyville, Mo.

18. (a) Signature of funeral director Clark Martens

(b) Address 502 1/2 King Hill Ave.

19. (a) 1-8-44 (b) Rob Helzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6  
year 1944 hour 5 minute 00 a. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1931 to Jan. 6, 1944  
that I last saw her alive on Jan. 6, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease  
Duration 15 years

Due to a valvular lesion

Due to Rheumatism

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: 950

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 MD unemo (M. D. or other)

Address St. Joseph, Missouri Date signed Jan 7, 1944

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

MOTHER FATHER

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 1/6/44  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed E. A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.