

FILED JAN 16 1945

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 407

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
300 Block on South Griffith
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Henry A. Orr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude

(c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan. 3 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months II Days II If less than one day _____ hr. _____ min.

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

10. Usual occupation Fireman

11. Industry or business Wabash R.R.

12. Name Norton Orr

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

Maiden name Catherine Well

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

(a) Informant Gertrude Orr

(b) Address 210 S. Hayden

(a) Burial (b) Date thereof 12-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal, Mo.

19. (a) 12-28-44 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 210 South Hayden
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1944 hour about 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death
Dropped dead on street
Coronary Thrombosis

Due to _____
Due to 94a

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

Major findings:
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 12/14/44
(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?
Public Street

While at work? _____ Means of injury _____
23. Signature J. M. Smith (Physician)
Address 902 Broadway Date signed 12.19.44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Michael J. Donnell

Licensed Embalmer No.

3946

P. O. Address

Hannibal 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Marion } ss.

State File No. 2811
Local Registrar's No. 407

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of February, 1944, before me appears.....

Richard L. Hatton, who, upon his oath, states that the original record of ~~birth~~ death
for Henry A. Orr died December 14, 1944, in the State of
Missouri, and which was filed at Hannibal, Mo. on Dec. 28, 1944, should be corrected as follows:

Item No. 3 should read Henry Alford Orr

Instead of Henry A. Orr

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief..... Step son-in-

(SEAL)

Affiant Richard L. Hatton Relationship law

212 S. Griffith, Hannibal, Mo.

Present Address.

Subscribed and sworn to before me this 6th day of February, 1945

My Commission expires June 1, 1945
W. F. Fisher Notary Public
City clerk, Hannibal, Mo.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

11-11-11

11-11-11

11-11-11