. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28013

FILED AUG 23 1945

Registration District No. 232 Primary Registration District No. 4347 Registrar's No.

1. PLACE OF DEATH:
(a) County Moni's
(b) City or town Middletown Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(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 80

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mon'i's 70
(c) City or town Middletown 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ~~Yes~~ No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Jennie Eliza Orr
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josiah H Orr
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased Feb (Month) 4 (Day) 1864 (Year)

8. AGE: Years 81 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Godfrey (City, town or county) Ill. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓

FATHER
12. Name John Luther McIntyre
13. Birthplace Bellaire (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Harriet Widoman
15. Birthplace Godfrey (City, town, or county) Ill 1 (State or foreign country)

16. (a) Informant Harriet Trepp
(b) Address Middletown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Middletown, Mo
18. (a) Signature of funeral director Mitchell Cohre
(b) Address Middletown, Mo
19. (a) Aug 19 (Date received by local registrar) (b) Mrs Chas May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1945 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from April 10, 1945 to Aug 18, 1945 that I last saw h. alive on Aug 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver and Stomach — Duration
Due to Malnutrition
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations HOK
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. R. Titus (M.D. or other) D.O.
Address Middletown, Mo. Date signed Aug 18, 1945

1382 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 8-22-45

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 C C Rechne

Licensed Embalmer No. 3059

P. O. Address Wellsville

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.