

I X29484

FILED DEC 27 1945

Primary Registration District No. 4347

Registrar's No.

1. PLACE OF DEATH:

(a) County Montg
(b) City or town Middletown Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 88 yrs - 6m - 2d (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montg 70
(c) City or town Middletown Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Josiah Henry Orr

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

3. (c) Social Security No. ✓

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Jennie McIntire

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

7. Birth date of deceased May 25 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 2
If less than one day: hr. min.

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

10. Usual occupation Farmer

11. Industry or business ✓

12. Name Philip Orr

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

14. Maiden name Elizabeth Beech

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

16. (a) Informant Harrist Tripp

(b) Address Pacific, Mo.

17. (a) Burial (b) Date thereof 11-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown Mo

18. (a) Signature of funeral director Pritchett, Luke

(b) Address Middletown Mo.

19. (a) 11-28-45 (b) 304 Chapman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1945 hour 10 minute P M.

21. I hereby certify that I attended the deceased from May 5 1945 to Nov 27 1945
that I last saw him alive on Nov 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death myo cardial heart disease

Due to Cardio-vascular-renal disease

Due to Senility

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

Major findings: Of operations 13/0
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 2
23. Signature H. R. Titus (M.D. or other) DO
Address Middletown, Mo. Date signed Nov 25

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

70
5
8

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-6-45

VS
FEB 20 1959

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. F. [Signature]*
Licensed Embalmer No. 3059
P. O. Address Willsville, N.C.

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.