

S. No. 2
 OM-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17557

State File No.

FILED MAY 29 1947

Registration District No. 1779

Primary Registration District No. 1002

Registrar's No. 2217

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
(Specify whether in this community years, months or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 1521 Central 8
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Alex Orr
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 17
 year 1947 hour 8 minute 45 A.M.
 21. I hereby certify that I attended the deceased from May 8 1947, to May 17 1947;
 that I last saw him alive on May 17 1947;
 and that death occurred on the date and hour stated above.

4. Sex Male 0
 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

Immediate cause of death
Coronary occlusion
Myocardial infarction

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>8</u> hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Ky. (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

Major findings: 94a
 Of operations

Of autopsy None

PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name John
 13. Birthplace Ky.
 14. Maiden name Martha Mullins
 15. Birthplace Ky.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

16. (a) Informant Record Clerk
 (b) Address K.C. General hosp. #1
 17. (a) Burial (b) Date thereof 5-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Mt. Calvary, K.C. Kan.

(Specify type of place) While at work?

(e) Means of injury

23. Signature Wm W. Hart (M. D. or other) 5-17-47
 Address Med. Dir. Gen'l Hosp. Date signed

18. (a) Signature of funeral director Weigert Funeral Home
 (b) Address Kansas City, Mo.
 19. (a) 5-22-47 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

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

Dr. Lasley

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..... *Blaine E. Weidert*
Licensed Embalmer No..... *4075*
P. O. Address..... *K.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.