

FILED JUL 19 1947

Registration District No. 117

Primary Registration District No. 1002

Registrar's No. 2882

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 2902 E 124 St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO
(Specify whether)

In this community 36 years
years, months or days

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. 2902 E 124 St ⁸
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME Nina K Orahood

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John A. Orahood

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased 2 22 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
 year 1947 hour 1:3 minute 20 P M.

21. I hereby certify that I attended the deceased from 2-20-47
 19____ to _____ 19____;

that I last saw her alive on 6-27-47, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>4</u>	<u>14</u>	hr. _____ min. _____

Due to hypertension & diabetes mellitus

Due to _____

Other conditions at home
(Include pregnancy within 3 months of death)

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

Major findings: 61

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business at home

MOTHER FATHER

12. Name E A Kline

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

14. Maiden name Sillett

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

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? _____

16. (a) Informant John A Orahood

(b) Address 2902 E 124

17. (a) Burial (b) Date thereof 7/9/47
(Burial, cremation, or removal) (Month) (Year) (Year)

(c) Place: burial or cremation St. Mary's

While at work? _____
(Specify type of place)

(c) Means of injury 0

23. Signature R H Dunham (M. D. or other) 0

Address NKC, mo Date signed 7/6/47

18. (a) Signature of funeral director Stine McClure

(b) Address Kansas City

19. (a) 7-7-47 (b) Heradine Palmer
(Date received local registrar) (Registrar's signature)

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

Dr. M. H. Decker

1755

any time today

1755

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

[Handwritten Signature]

Licensed Embalmer No. 1413

P. O. Address. 15 @ MD

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.