

No. 2  
-12-45  
5-17-39  
I X47020

FILED NOV 10 1947

Registration District No. 237

Primary Registration District No. 3048

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
601 East 4th.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Months  
(Specify whether \_\_\_\_\_)

In this community Lifetime  
(years, months or days)

3. (a) PRINT FULL NAME LOU ALICE ORR

3. (b) If veteran, name war \*\*\*\*\*

3. (c) Social Security No. \*\*\*\*\*

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jack Orr

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
if deceased Deceased years

7. Birth date of deceased: September 29, 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>26</u>	<u>*****</u> hr. min.

9. Birthplace: Nodaway County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name William T. Garrett

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

14. Maiden name Josephine M. Leifler

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

16. (a) Informant Jennie Garrett

(b) Address Maryville, Missouri

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 10-27-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address 120 East 1st, Maryville, Mo.

19. (a) Oct. 27, 1947  
(Date received local registrar)

(b) Bess Hall  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Maryville  
(If outside city or town limits, write "RURAL")

(d) Street No. 601 East 4th.  
(If rural, give location)

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

If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25  
year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 9th  
47, to Oct. 23, 1947  
that I last saw her alive on Oct. 23, 1947  
and the death occurred on the date and hour stated above.

Immediate cause of death Heart & Kidney Failure a slow cerebral hemorrhage of two weeks duration.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Chas. E. Bell (M. D. or other) \_\_\_\_\_  
Address Maryville, Mo. Date signed 10/27/47

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

DEC 2-1947

SEPT 1948

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 John W. Price  
Licensed Embalmer No. 4281  
P. O. Address Maryville 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.**