S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12812

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1705

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: 3819 Flora /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 61yrs.
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. 3819 Flora 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert B. Orr

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Catherine S. Orr

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct. (Month) 17 (Day) ~~1878~~ 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	1	hr. min.

9. Birthplace Newman (City, town, or county) Georgia / (State or foreign country)

10. Usual occupation Mech. & Heating Eng.

11. Industry or business Self

FATHER
12. Name William B. Orr
13. Birthplace Newman (City, town, or county) Ga. / (State or foreign country)

MOTHER
14. Maiden name Dallis Brewster
15. Birthplace Coweta Co. (City, town, or county) Ga. / (State or foreign country)

16. (a) Informant Mrs Catherine S. Orr
(b) Address 3819 Flora

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas

19. (a) 4-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from March 15, 1948 to April 18, 1948
that I last saw him alive on April 17, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Blood Thrombus locating in heart. (Embolism)	
Due to Hemophelia for a number of years.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a

Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature E. H. Zeilinger (M. D. or other)
Address 311 Argyle Bldg. Date signed 4/19/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. E. H. Zeilinger
Argyle Bldg.

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 [signature]

Licensed Embalmer No. 3991

P. O. Address 308 East 68th Ter

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.