. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19613

FILED JUL 3 1948

Registration District No. 1949 Primary Registration District No. 1002 Registrar's No. 2594

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: Margaret Katherine Nursing Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 months (Specify whether years, months or days)
In this community: 34 years

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.: 1322 East 27th Street 8 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Mamie K. Orrell
3. (b) If veteran, name war: XX
3. (c) Social Security No.: XX
4. Sex: Fe. 1
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: widowed 2
6. (b) Name of husband or wife: Silas J.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 23 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
82	1	25	hr. min.

9. Birthplace: Searcy (City, town, or county) Arkansas (State or foreign country) 1
10. Usual occupation: retired
11. Industry or business:
FATHER
12. Name: Lamb
13. Birthplace: unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: unknown
15. Birthplace: " " (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Rezina Oliver
(b) Address: 1322 East 27th St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 6-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington
18. (a) Signature of funeral director: Bentley Mortuary
(b) Address: 5811 Troost
19. (a) 6-21-48 (Date received local registrar) (b) Geraldine Holman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 18 year: 1948 hour: 5 pm M.
21. I hereby certify that I attended the deceased from June 1, 1948, to June 18 1948 that I last saw her alive on June 18, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	5 yrs
Due to: Arteriosclerosis	5 yrs.
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: no

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:
23. Signature: W. B. Campbell M.D. (M. D. or other)
Address: 1000 Baltimore K.C. Mo. Date signed: 6/19/48

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

Casehalt
VA 5115

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 Guy Buffington

Licensed Embalmer No. 2256

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.