

No. 300
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FILED APR 27 1949THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12798

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>1257</u>					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri				b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence			c. LENGTH OF STAY (in this place) 7 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence							
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				d. STREET ADDRESS (If rural, give location) 315 E. Walnut							
3. NAME OF DECEASED (Type or Print) Margaret			a. (First)	b. (Middle) E	c. (Last) Orr	4. DATE OF DEATH (Month) (Day) (Year) Apr. 13, 1949					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 29, 1889		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (State or foreign country) Kansas City, Mo.			12. CITIZEN OF WHAT COUNTRY? America				
13a. FATHER'S NAME Albert Hollis			13b. MOTHER'S MAIDEN NAME Lydia Chaney			14. NAME OF HUSBAND OR WIFE Ernest N. Orr					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Ernest N. Orr				ADDRESS Independence, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Liver ANTECEDENT CAUSES Susma of origin of ca unknown Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 155X				INTERVAL BETWEEN ONSET AND DEATH unknown			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Apr 6 , 19 49 , to Apr 13 , 19 49 , that I last saw the deceased alive on Apr 13 , 19 49 , and that death occurred at 1:30P m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Independence, Mo.			23c. DATE SIGNED Apr 15 1949				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE APR 16, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.						
DATE REC'D BY LOCAL REG. Apr. 14 1949		REGISTRAR'S SIGNATURE [Signature]		354	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Independence, Mo.				

(Licensed Emballer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Lloyd C. Carson

Licensed Embalmer No. *199*

Signed _____
Student Embalmer

P. O. Address *Independence,*

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.