

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13330

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1311

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2910 Woodland Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 60 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2910 Woodland Ave. 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas H. ORRICK.

3. (b) If veteran, name war None 3. (c) Social Security No. 490-16-4183 ✓

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Virgie Lee Orrick 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 13th, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Cincinnati Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man
Retail Furniture Co.

11. Industry or business _____

12. Name Michael Orrick

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

14. Maiden name Anna Gunn
(City, town, or county) (State or foreign country)

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

16. (a) Informant William J. Orrick, Son,

(b) Address 2434 East 67th Terrace, KCMO

17. (a) Burial (b) Date thereof 4/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Melody-McGilley
(b) Address K. C. Mo.

19. (a) Apr 3 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1941 to Apr 2 1941
and that I last saw him alive on Apr 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Decomposition of face
metastasis of cancer.

Due to _____
Due to SB

Other conditions SB
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 D. H. Hogan (M. D. or other) MD
Address 415 67th St. Blau Date signed Apr 29

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

4912 Bell
Dr. Hagan.

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. 269

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.