No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21374

State File No.

FILED JUL 8 1943

Registration District No. ~~[illegible]~~

Primary Registration District No. 2000

Registrar's No. 507

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

1. PLACE OF DEATH: GREENE

(a) County

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

(c) Name of hospital or institution: Springfield Baptist Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Mo (b) County Lawrence O

(c) City or town Mt Vernon, Mo Rural O
(If outside city or town limits, write "RURAL")

(d) Street No. X
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X 1 years.

3. (a) PRINT FULL NAME McLin Orr. Jr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased May (Month) 21 (Day) 1941 (Year)

8. AGE: Years ✓ 2 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Mt Vernon ~~Mo~~ (~~Rural~~) Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation ~~at Home~~ Child

11. Industry or business at home

MOTHER FATHER
12. Name McLin Orr
13. Birthplace Mt Vernon ~~Mo~~ ~~[illegible]~~ Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maxine Elliott
15. Birthplace ~~[illegible]~~ Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant McLin Orr

(b) Address Mt Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-23-43 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Brick Church Cemetary near Mt Vernon Mo

18. (a) Signature of funeral director Geo B Orr, Mt Vernon Mo

(b) Address

19. (a) 6-25-43 (Date received local registrar) (b) Dr W B Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 9:30 minute a M.

21. I hereby certify that I attended the deceased from 6-16, 1943, to 6-23, 1943 that I last saw him alive on 6-23-43, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	15 d.
Due to pertussis	5 wk?
Due to	
Other conditions Acute encephalitis (Include pregnancy within 3 months of death)	5 d.

Major findings:
Of operations 9
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Urban Busch O (M. D. or other)

Address Springfield Mo Date signed 6-25-43

787

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.