

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30370

FILED SEP 22 1944

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3662

1. PLACE OF DEATH:

(e) 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:
5413 81st
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 20 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 41
(If outside city or town limits, write "RURAL")

(d) Street No. unknown 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME ORRIN TAYLOR WITHEY

3. (b) If veteran, name war no

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

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 70 Months Days If less than one day
hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business

12. Name Orrin Withey

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

14. Maiden name Ruth Withey

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

16. (a) Informant William Withey

(b) Address 6715 Cleveland

17. (a) burial (b) Date thereof 9/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill, Mo.

18. (a) Signature of funeral director Dr. Samuelson

(b) Address 3146 Main St

19. (a) 4-9-44 (b) T. S. Brown (Vg)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1944 hour 10:20 minute A M.

21. I hereby certify that I attended the deceased from Sept 1 1944 to Sept 8 1944
that I last saw him alive on Sept 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arterio sclerosis

Due to g/a

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy inspection & history

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?

While at work (Specify type of place) (c) Means of injury

23. Signature A. E. Wessner (M. D. or other) MD
Address 234 N. Maple Date signed 9/9/44

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

MOTHER FATHER

361

(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.....

T. J. Steinfacher

Licensed Embalmer No. *3930*

P. O. Address. *Kc 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.