

S. No. 2
 OM-5-43
 v. 5-17-39
 I X36671

FILED JAN 27 1947

Registration District No. _____ Primary Registration District No. 1002

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

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:
4002 Warwick
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no. (Specify whether
 In this community 46 years
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Labelle Orear
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Frank Howard Orear 6. (c) Age of husband or wife if alive dec. years
 7. Birth date of deceased February 7 1857
 (Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
89	11	9		0

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name Nelson C. Orear

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

14. Maiden name Anna E. Orear

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

16. (a) Informant Miss Helen Orear

(b) Address 4002 Warwick Blvd., K. C., Mo.

17. (a) Cremation (b) Date thereof 1-18-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-17-47 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4002 Warwick
 (If rural, give location) no.
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 16
 year 1947 hour 6:30 minute _____ P. M.
 21. I hereby certify that I attended the deceased from _____, 1940, to January 16, 1947
 that I last saw her alive on January 16, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
 Due to Permeic acidemia
 Due to Jaundice
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration
<u>2 weeks</u>
<u>4 weeks</u>

Major findings: 950
 Of operations: _____
 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? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury 8
 Signature Herbert Tutthill (M. D. examiner)
 Address 1211 Realto Bldg Date signed Jan 17 1947

Dr. Herbert Tuthill

Dr. Herbert Tuthill

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

[Handwritten Signature]

Licensed Embalmer No. *413*

P. O. Address *[Handwritten Address]*

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.