

FILED JUL 29 1947

Registration District No. **10**

Primary Registration District No. **3043**

Registrar's No. **238**

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

1. PLACE OF DEATH:

(a) County **Marion**

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

(c) Name of hospital or institution:  
**St. Elizabeth Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Pike**

(c) City or town **New Canton**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LeROY ORR**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Cloe**

6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **June 21 1889**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>57</b>	<b>11</b>	<b>25</b>	hr. _____ min.

9. Birthplace **New Canton Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Herbert Orr**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Thos. N. Locke**

(b) Address **Barry, Ill.**

17. (a) **Burial** (b) Date thereof **6/18/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Akers Chapel**

18. (a) Signature of funeral director **Jas. C. Hurrell**

(b) Address **Hannibal, Mo.**

19. (a) **6-18-47** (b) **W. E. M. Locke**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16** year **1947** hour **10** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **June 16 1947** to **June 16 1947** that I last saw him alive on **June 16 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Bronchial asthma**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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 of 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 **J. H. Hurrell** (M. D. or other)

Address **1000 Barry Ave. Hannibal, Mo.** Date signed **6/18/47**

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· 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.....

*A. M. McDonald*

Licensed Embalmer No.....

*3889*

P. O. Address.....

*Stamford, Pa*

**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.**