. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38352
Registrar's No. 4727

FILED NOV 24 1947

Registration District No. 79

Primary Registration District No. 1002

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: 1314 Guinotte
(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) 1 Yr.
In this community 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48 39 8
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1314 Guinotte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 10
If yes, name country

3. (a) PRINT FULL NAME Dime Orton
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Ben Orton
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb. (Month) 9 (Day) 1895 (Year)

8. AGE: Years 52 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Clay Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Hezekiah Johnson
13. Birthplace Ky. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna
15. Birthplace Ky. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Ben Orton
(b) Address 1314 Guinotte
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn K.C.K.
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 11-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1947 hour 8 minute 15 P. M.
21. I hereby certify that I attended the deceased from Deputy to Coroner, 19..; that I last saw h... alive on ..., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac & Respiratory Failure	
Due to: Hypertensive Heart Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations 93d	
Of autopsy No — Permit	

PHYSICIAN — Underline the cause of 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 0
23. Signature [illegible] (M. D. or other) [illegible]
Address 2636 - Brookline Date signed 11-10-47

Jefferson City Printing Co.

(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.....A. T. Moore.....

Licensed Embalmer No.....948.....

P. O. 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.