

FILED AUG 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

23254

Registration District No. 147Primary Registration District No. 5569Registrar's No. 306

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Rural (Brookings)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
87 th & Raytown Road 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____
 In this community 7 days (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME William Henry Orey3. (b) If veteran, name war WW 3. (c) Social Security No. NONE4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced6. (b) Name of husband or wife Mary E. Orey 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased Jan 16, 1877.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 5 20 hr. min.9. Birthplace Cherryvale Kansas
(City, town, or county) (State or foreign country)10. Usual occupation Barber11. Industry or business Owned own shop12. Name George Orey13. Birthplace Monett Missouri
(City, town, or county) (State or foreign country)14. Maiden name Nannie (Unknown)15. Birthplace Monett, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Howard E. McGuire(b) Address R.F.D. #2 Hickman Mills, Mo.17. (a) Burial (b) Date thereof July 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cemetery18. (a) Signature of funeral director Mark F. Agent(b) Address Raytown, Missouri19. (a) JULY 9, 1948 (b) Mitchell Harmon
(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. 3438 Brooklyn
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1948 hour 6 P.M. minute _____ M.21. I hereby certify that I attended the deceased from July 1, 1948 to July 16, 1948
that I last saw him alive on July 5, 1948
and that death occurred on the date and hour stated above.Immediate cause of death Gastric hemorrhage Duration 1 wk
Due to Carcinoma of stomach 5 yrsDue to _____
Other conditions (Include pregnancy within 3 months of death) 46 BMajor findings: Of operations _____
Of autopsy Les of Stomach
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) _____
(c) Means of injury _____23. Signature J. M. Babcock M.D. (M. D. or other) _____Address Raytown Mo Date signed 7-7-48

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

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

Clark Hegert

Licensed Embalmer No. 3983.

P. O. Address. Raytown, Missouri.

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.