

MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5646
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 845
(c) City or Kansas City (d) Street No. St. Joseph Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 26 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME James Harrison DOMAN.

(a) Residence, No. 7319 Chestnut Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Dorothy G. Doman.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1912
7. AGE YEARS 26 MONTHS 8 DAYS 11 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City
9. Industry or business in which work was done, as saw mill, bank, etc. Fireman.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Mr. Walter Doman.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER 15. MAIDEN NAME Nan Simpson.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnesville Kansas

17. INFORMANT (ADDRESS) Mrs. Dorothy G. Doman. 7319 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada Mo. DATE 2/26/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody McGilley. K. C. Mo.

20. FILED 426, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-39

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....
I last saw him on..... 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

2nd degree Burn of Body
Caused Pulmonary Embolism
Date of onset 180

Other contributory causes of importance: 12

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide..... Date of injury 2-23-39

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Explosion in Home
Nature of injury Burn of Body

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify.....
(Signed)..... M. D.
(Address).....

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.