

N. B.—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.

REC'D JUL 10 1939

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

20990

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson County 3 Registration District No. 395
(b) Township Ross Precinct Highland
(c) City Kansas City No. 1 (d) Street No. 5331 Highland Ave. Registered No. 2258
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

650 John Doran
(a) Residence, No. 5331 Highland 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Conway</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>No RECORD</u> | | |
| 7. AGE <u>81</u> | YEARS | MONTHS |
| | | DAYS |
| | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u> | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 0</u> | | |
| FATHER | 13. NAME <u>John Doran 9</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No RECORD 9</u> | |
| MOTHER | 15. MAIDEN NAME <u>Mary Doran</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No RECORD</u> | |
| 17. INFORMANT (ADDRESS) <u>Sister Cassille Inf. 5331 Highland</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. MARY'S</u> DATE <u>5/31 1939</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>LUIRK & TOBIN Co. Kansas City, Mo.</u> | | |
| 20. FILED <u>June 1 1939 M M Browne Local Registrar.</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936 to May 28 1939
I last saw him alive on May 25 1939 Death is said to have occurred on the date stated above, at 2 4 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis 3 yrs.
930
Date of onset

Other contributory causes of importance:
Atherosclerosis 15 yrs.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Paul W. Bourke, M. D.
(Address) 1402 Bryant Blvd.

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 comply with the above constitutes grounds for revocation of license.)

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