No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5414

Registrar's No. 639

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:
General 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)
In this community 25 yrs

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. Essex Hotel 500½ East 8th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Andrew J. Doig
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 15 (Day) 1864 (Year)
8. AGE: Years 75 Months 6 Days 27 If less than one day ..... hr. ..... min.
9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Night Watchman
11. Industry or business Restaurant
FATHER 12. Name Andrew J Doig
FATHER 13. Birthplace Scottland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Catherine Gillispie
MOTHER 15. Birthplace New York (City, town, or county) (State or foreign country)
16. (a) Informant G.E.Morton
(b) Address Elgin Ill
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem
18. (a) Signature of funeral director Mrs. CL.Forster
(b) Address 918 Brooklyn
19. (a) Feb. 12, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1940 hour 5 minute 22 A. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw ..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Coroner

Immediate cause of death — Duration
Subdural cerebral hemorrhage
Due to
Edema of the brain
Due to
Cerebrovascular thrombosis
Due to
(Include pregnancy within 3 months of death)

Major findings:
Of operations 210 Tm
Of autopsy

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) Accident
(b) Date of occurrence 2-4-40
(c) Where did injury occur? K.C. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pedestrian struck by auto (Specify type of place)
While at work? (e) Means of injury
23. Signature Victor H. Hinton M.D. (or other)
Address K.C. Mo Date signed

(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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address Ft. Smith

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.