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FILED OCT 11 1940

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Primary Registration District No. 1002

Registrar's No. 3440

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:
3811 East 16 Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 49 Years
years, months or days)

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. 3811 East 16 Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME MR. Willis Augustine Doty

3. (b) If veteran, name war None
3. (c) Social Security No. 486-01-5623

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Florence Grace Doty 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased August 12 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 0 197 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor Lumber Promotion

11. Industry or business --

12. Name Willis Joseph Doty

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Hurley

15. Birthplace Lacygne Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Grace Doty
(b) Address 3811 E 16

17. (a) Burial (b) Date thereof Sept. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. W. Newcomb

(b) Address 1401 Brush Creek Blvd.

19. (a) Sept. 1, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st
year 1940 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 1st 8 A.M.
Sept 1st 3 P.M., 1940 to Sept 1st 1.30 P.M., 1940;
that I last saw him alive on Sept 1.30 P.M., 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Hemorrhage

Other conditions 82 W
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(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?
While at work? None (Specify time of place) (e) Means of injury None

23. Signature [Signature] (M. D. or other)
Address 707 Wash Date signed 9/3-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. John B. Pau
707 Waldheim Rd
9-9:30; 11:30-1

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.C. Mo.

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.