

FILED APR 1 1942
Registration District No. 1002

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)
In this community 1 1/2 yrs.

3. (a) PRINT FULL NAME John Dorris
(b) If veteran, name war NO.
(c) Social Security No. 512-09-1844

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Christola Darris
(c) Age of husband or wife if alive 56 years
7. Birth date of deceased Sept. 31 30 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>13</u>	hr. min.

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

10. Usual occupation Merchant

11. Industry or business

12. Name Konstantine Darris
13. Birthplace Michigan Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Paul C. Darris, Wichita
(b) Address 1515 - Gilman Drive, Kansas

17. (a) Burial (b) Date thereof Mar. 16 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Danielle Bous

(b) Address 444 Kansas Ave. K.C. Kansas

19. (a) 3-16-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Jackson 048
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 413 E. 31st St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Greenland

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1942 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from 3-2-42 to 3-13-42
that I last saw him alive on 3-13-42
and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple renal calculi with nephrostomy; Uremia

Due to 134ae

Due to
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

22. If death was due to external causes, fill in the following: Accident, suicide, or homicide (specify)

(a) 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?

While at work? (Specify type of place) (b) Means of injury

23. Signature Dray R. Thom (M. D. or other)

Address Red. Dist. K.C. Gen. Hospital Date signed

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

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