

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10947

Registration District No. 378

Primary Registration District No. 3019

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Independence Mo Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
 (Specify whether
 In this community 39 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. 206 East 68th Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Mr Edward S. DOYLE

(b) If veteran, name war None (c) Social Security No. 500-14-3872

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Margaret Doyle 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased December 2 1902
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 3 22 hr. min.

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

10. Usual occupation Part Owner11. Industry or business R & D Lumber Mfg Co

MOTHER FATHER { 12. Name John Doyle
 { 13. Birthplace Unknown Wisconsin
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Esther Holt
 { 15. Birthplace Unknown Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Doyle (Wife)(b) Address 206 East 68th Street

17. (a) Burial (b) Date thereof 3-28-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Melody-McGilly(b) Address Kansas City Missouri

19. (a) 3-27-1942 (b) James W. Ross
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24 year 1942 hour 42 minute 1/42 P.M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 1942
 that I last saw him alive on 3-24-42, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Confused Bromelopsium

Due to Fracture of the neck
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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 3-20-42
 (c) Where did injury occur? Jackson Mo
 (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)
 (e) Means of injury 0

23. Signature James W. Ross (M. D. or other)
 Address KC Mo Date signed 3/24/42

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10947

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Edward S Doyle

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced, m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 2 1909
(Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 2 (If less than one day, _____ min.)

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER
12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country) _____
14. Maiden name _____
15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 24 Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Fracture of the Neck

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 3-22

(c) Where did injury occur? Jackson mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Away

(Specify type of injury) car on road

While at work? _____ (e) Means of injury _____

23. Signature Amel Wagon (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

170 C-8
28

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-10947

1942