

FILED MAY 14 1942

State File No. \_\_\_\_\_

Registration District No. 197

Primary Registration District No. 5276

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City, Mo. RR #5  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hollander Hosp  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town North Kansas City, Mo. RR #5  
(If outside city or town limits, write "RURAL")

(d) Street No. RR #5 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MINNIE M. DOLE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th  
year 1942 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Apr 20  
1942, to Apr 27, 1942  
that I last saw her alive on Apr 27, 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George F. Dole 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 17 1884  
(Month) (Day) (Year)

Immediate cause of death Chc. Myocarditis + Nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1318

8. AGE: Years 58 Months 3 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name John Nelson

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Ruth Moddrell

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant G. F. Dole

(b) Address 442 1/2 Washington, N.C. Mo.

17. (a) Burial (b) Date there May 4 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quindaro Cemetery

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

18. (a) Signature of funeral director John S. Morton

(b) Address North Kansas City, Mo.

19. (a) May 1 - 1942 (b) Clayton H. Henry  
(Date received local registrar) (Registrar's signature)

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

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

(b) 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)

(e) Means of injury \_\_\_\_\_

23. Signature G. F. Dole (M. D. or other) MD

Address North Kansas City, Mo. Date signed 5/2/42

RECEIVED 194

District Health Officer No. 8

District File Number \_\_\_\_\_

Date Filed J-13-42

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 Leon E. Hodges

Licensed Embalmer No. 2729

P. O. Address: 832 Armour Road  
North St. 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.