S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39651

FILED DEC 28 1942

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4698

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: 1128 East 79th. st. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 27 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1128 East 79th. st.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Pattie T. Doyle

3. (b) If veteran, name war No.

3. (c) Social Security No. no

4. Sex Fe.

5. Color or race wh.

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Wm. M. Doyle

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

7. Birth date of deceased Jan. (Month) 11 (Day) 1873 (Year)

8. AGE: Years 69 Months 11 Days ~~3~~ 4 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Jos. V. Tully
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Mary Jane Elliott
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. Wayne A. Morse
(b) Address Mission Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17th. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) 12-16-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1942 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 24, 1942, to Dec 15, 1942;
that I last saw her alive on Dec. 14, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Bronchial Pneumonia	3 days
Due to Chronic Bronchitis - 2d Anemia Chronic Nephritis	
Due to 131 B	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Geo Jones (M. D. ~~or other~~)
Address 80th & Paseo Date signed 12/15/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. H. Jones. 80th Paseo N. E. Corner

Ja. 1879.

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.