

FILED MAK 5 1943

Registration District No. 149

Primary Registration District No. 1002

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 1718 1/2 Park  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Bell Doxey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-03-5292

4. Sex female 5. Color or race Col. 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Ann. Harris 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 28 1894  
(Month) (Day) (Year)

8. AGE: Years 48 Months 28 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Maid

11. Industry or business Gen'l Hosp. # 2

12. Name Alfred Holliday

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

14. Maiden name Sarah Harris

15. Birthplace Unknown Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Tyson

(b) Address 2306 East 20th

17. (a) Burial (b) Date thereof 2-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn

18. (a) Signature of funeral director N. W. Statcher

(b) Address 1520 N. 5th St. N.C. Baus

19. (a) 2-18-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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. 1718 1/2 Park  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7 year 1943 hour 5:16 minute 6 A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_ 108

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy yes

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (d) Means of injury \_\_\_\_\_

23. Signature Richardson (M. D. or other) \_\_\_\_\_  
Address 1832 Vine Date signed 2-11-43

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

MAR 8 1943

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**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

*Nathan W. Hatcher*

Licensed Embalmer No. *2700*

P. O. Address..... *1525 N. 5th St*

**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.**