

FILED SEP 21 1943

Registration District No. 79

Primary Registration District No. 1002

Registrar's No. 3845

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:  
2805 Holly  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 mo years, months or days (Specify whether)

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. 2805 Holly (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Dority  
3. (b) If veteran, no name war. 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 6  
year 1943 hour 4 minute 30 M.  
21. I hereby certify that I attended the deceased from Sept 4-43  
1943, to Sept 6 1943  
that I last saw him alive on Sept 5 1943  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Myrtle Dority  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased Nov 14 1884  
(Month) (Day) (Year)

Immediate cause of death apoplexy Duration \_\_\_\_\_  
Due to arteriosclerosis  
Due to 730  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
58 9 22 hr. \_\_\_\_\_ min.

9. Birthplace Ms O  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Taylor Dority  
13. Birthplace Muscard  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie Doak  
15. Birthplace Muscard  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Dority  
(b) Address 2805 Holly  
17. (a) Burial (b) Date thereof Sept-7-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenhawn  
18. (a) Signature of funeral director Wm C R Foster  
(b) Address 715 Brooklyn  
19. (a) 9-7-43 (b) P. E. Brown  
(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 W. J. Childers (M. D. or other) P.O.  
Address 615 Chambers Bldg Date signed 8-6-43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Kansas City Mo.

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

Dr. L. H. Miller  
6/18 - Chamber

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed L. H. Miller

Licensed Embalmer No. 2570

P. O. Address 1100 ms

**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.**