7. S. No. 2
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ev. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1944

Registration District No. 1449

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1062

State File No. 6026

Registrar's No. 719

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: Conley Clinical Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13 hr. (Specify whether years, months or days)
In this community: 13 hr.

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.: 609 Indiana Ave
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Caroline Claudeen ~~Infant~~ Dolan

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: February 7, 1944 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day: 13 hr. 6 min.

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

10. Usual occupation: infant

11. Industry or business:

MOTHER FATHER
12. Name: Donald Edward Dolan
13. Birthplace: Breckenridge, Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Romola Blanche Wantland
15. Birthplace: Cherryvale, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant: Romola Blanche Dolan
(b) Address: 609 Indiana Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill

18. (a) Signature of funeral director: J. H. Peek
(b) Address: Breckenridge, Mo.

19. (a) 2-14-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th year 1944 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from birth 2/7/44, 19..., to expiration 19...; that I last saw her alive on 2/7/44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Brain injury — Duration

Due to: prolonged asphyxia neonatorum

Due to: Delayed delivery and compression of umbilical cord, wound tightly about neck.

Other conditions (Include pregnancy within 3 months of death): Primary uterine inertia.

Major findings:
Of operations:
Of autopsy: Hta

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) (e) Means of injury: 2

23. Signature: C. J. Anderson M.D. (Mr. Dr. or other)
Address: 6323 Brookside Plaza Date signed: 2/8/44

(Licensed Embalmer's Statement on Reverse Side)

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 comply with the above constitutes grounds for revocation of license.)

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