

FILED OCT 29 1944

Registration District No. 197 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Lackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Vineyard Park Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)

In this community 2 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 49

(c) City or town Joplin Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1329 Ohio  
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Martha Frances Doyle

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

3. (c) Social Security No. No.

4. Female 5. Color or race White

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

6. (b) Name of husband or wife Lee Doyle

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 3 1872  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19 1944  
year 1944 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 17 to Oct 19, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration 2 days

Due to Cerebral Hemorrhage 1 yr

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>9</u>	<u>15</u>	<u>16</u> hr. min.

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

10. Usual occupation Housewife

Other conditions None

Major findings: Of operations None

Of autopsy None

PHYSICIAN None  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name George Hackworth

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

14. Maiden name Mary Mc Coy

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

16. (a) Informant Mrs. James S. Hoode

(b) Address 1015 Oak

17. (a) Burial (b) Date thereof 10-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olney Mo.

18. (a) Signature of funeral director Mrs. P. E. Brown

(b) Address 912-920 Broadway

19. (a) 10-20-44 (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) None

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

What work? None (Specify type of place)

(e) Means of injury None

23. Signature Blair C. Carbaugh (M. D. or other)  
Address 714 Bryant, N. W. 15. 6. 7. Mo. Date Oct 19 1944

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

Dr. Glenn [unclear]  
Benjamin [unclear]  
June 8531  
12:30 or 3:15 or 5:00

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. 3589  
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.