

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: 2819 E 11th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 5 MO 4 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County MIAMI  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. MIDDLE CREEK TOWNSHIP  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country IRELAND 57 yrs ago

3. (a) PRINT FULL NAME PATRICK M. DORE

3. (b) If veteran, name war NO. 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife MARY HARTNETTE 6. (c) Age of husband or wife if alive, years 16  
7. Birth date of deceased Nov. 16, 1856  
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 3 If less than one day hr. min.

9. Birthplace COUNTY LIMERICK IRELAND  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name MORRIS DORE  
13. Birthplace COUNTY LIMERICK IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name MARGARET FLANAGAN  
15. Birthplace COUNTY LIMERICK IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Dore

(b) Address 2819 E 11th Kansas City Mo.

17. (a) BURIAL (b) Date thereof 3-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LOUISBURG KANSAS

18. (a) Signature of funeral director Wald S. Kuryan

(b) Address Louisburg Kansas

19. (a) 3-22-48 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19th  
year 1948 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from 11-22  
1944 to 3-19 1948  
that I last saw him alive on 3-19 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis  
Due to hypertension  
Due to Cardiovascular  
Renal Syndrome due to senility  
Other conditions (include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations 131a  
Of autopsy

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  
23. Signature Dr. J. J. McQuinn (M. D. or other)  
Address 114 W. 11th Bldg Date signed 3/19/48

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

MOTHER FATHER

16.C. 3. MO

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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.....

*Ward C. Runyan*

Licensed Embalmer No.....

*3222*

P. O. Address.....

*Louisburg Kansas*

**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.**