

S. No. 2  
OM-2-43  
v. 5-17-39  
X35637

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 7 1945**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32637

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4396

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: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours  
(Specify whether years, months or days)

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Marshall

(c) City or town Opell  
(If outside city or town limits, write "RURAL")

(d) Street No. 14  
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME John Dorrence

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1945 hour 3:30 minute 0 M.

21. I hereby certify that I attended the deceased from 10-24-45 1945 to 10-25-45 1945 that I last saw him alive on 10-24 1945 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife Mrs. John Dorrence 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 23, 1882  
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion 3 Hours

Due to.....

8. AGE: Years 63 Months 8 Days 2 If less than one day hr. min.

Due to.....

Other conditions (Include pregnancy within 3 months of death) 9/4/45

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

10. Usual occupation Farmer

11. Industry or business Min. self

12. Name John Dorrence

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

14. Maiden name Unknown

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Records

(b) Address Opell Mo.

17. (a) Removal (b) Date thereof 10-25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Opell Kansas

18. (a) Signature of funeral director Walter J. Ferguson

(b) Address Opell City, Kansas

19. (a) 10-26-45 (b) Gerald H. Jones  
(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?.....

23. Signature Gerald H. Jones (M. D. or other) MO

Address Opell Mo. Date signed 10-25-45

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

18  
3  
8

**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

*Harold L. Battersaet*

Licensed Embalmer No. *3035*

P. O. Address

*H. C. 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.**