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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30221

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3964

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: Menorah Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9/9/46 – 9/18/46 (Specify whether
In this community 17 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 424 N. Moffett 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Martin Doane, Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Child O

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 17 (Day) 1931 (Year)

8. AGE: Years 15 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business Military School

FATHER
12. Name Martin R. Doane
13. Birthplace Covington (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Helen O'Neil
15. Birthplace Danville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Martin R. Doane

(b) Address Joplin, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9 - 18 - 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Missouri

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 9-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 9, 1946, to Sept 18, 1946
that I last saw him alive on Sept 18, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Polioencephalitis	Probably 30 days
Due to	
Due to	
Other conditions: Terminal Bronchopneumonia (Include pregnancy within 3 months of death)	

Major findings: Of operations not operated 36

Of autopsy not done

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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature Sidney J. Pekula MD (M. D. or other)

Address 628 Prof Bldg Kemo Date signed 9/18

(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 Elmer C Nodelin

Licensed Embalmer No. 3495

P. O. Address Kansas City, M

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.