S. No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9021

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1488

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: 2840 PASEO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: - - - - - - -
In this community: LIFETIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2840 PASEO. 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: - - - - - - -

3. (a) PRINT FULL NAME: DOROTHY DELORES DREYFOOS
3. (b) If veteran, name war: NO
3. (c) Social Security No. 486-04-7648
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: MARCH (Month) 1 (Day) 1905 (Year)
8. AGE: Years 42 Months 0 Days 27 If less than one day hr. min.
9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: - - - - - - -
11. Industry or business: AT HOME
MOTHER FATHER
12. Name: SAM DREYFOOS
13. Birthplace: Junction City (City, town, or county) Kans. (State or foreign country)
14. Maiden name: CORDIA DEEWESTER
15. Birthplace: Denison (City, town, or county) Texas (State or foreign country)
16. (a) Informant: Mrs. C. R. Baumgardner
(b) Address: Mission Kansas
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-31-47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: MT. MORIAH CEMETERY
18. (a) Signature of funeral director: O. H. Newcomer's Sons
(b) Address: 1401 - BRUSH CREEK BLVD.
19. (a) 3-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 31st year 1947 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Nov. 18, 1945 to March 28th, 1947 that I last saw her alive on March 24th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinomatosis	3 years
Due to: Carcinoma of the Breast	3½ years
Due to:	
Other conditions (Include pregnancy within 3 months of death): SD	

Major findings:
Of operations: Carcinoma of Breast
Of autopsy: —

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: 0
23. Signature: Edward H. Klein (M. D. or ~~other~~)
Address: Plaza Med. Bldg. Date signed 3/29/47

(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 D. J. Nolsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City

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.