FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27659

FILED SEP 8 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3684

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

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: C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 609 Main Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Doyle
3. (b) If veteran, name war None
3. (c) Social Security No. 487-12-5301
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alma Doyle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 12 (Day) 1885 (Year)

8. AGE: Years 61 ~~62~~ Months 10 Days 11 If less than one day hr. min.

9. Birthplace Wisc. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name John Samuel Doyle
13. Birthplace Wisc. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ester Elizabeth Holt
15. Birthplace Wisc. (City, town, or county) (State or foreign country)
16. (a) Informant Rupert J. Doyle
(b) Address 8321 Park K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City Missouri
19. (a) 8-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd year 1947 hour 5 minute 15 A. M.
21. I hereby certify that I attended the deceased from 8-22-47, 19 to 8-23-47, 19 that I last saw him alive on 8-23-47, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulonephritis With Uremia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause of 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

23. Signature Wm. W. Hart (M. D. or other) MD
Dir. K. C. Gen. Hospital
Address Date signed

Jefferson City Printing Co. (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 Blaine E. Weibert

Licensed Embalmer No. 4075

P. O. Address K.C. Mo.

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.