

No. 2-45  
7-39  
X4790

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 15 1947**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38104**  
**5113**  
Registrar's No.

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City, Mo.**  
(c) Name of hospital or institution: **The Children's Mercy Hospital**  
(d) Length of stay: **one month**  
In this community **one month**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City, Mo.**  
(d) Street No. **Sugar Creek Bend. R. 7**  
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **DORLAND, Ray Eugene**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

4. Sex **M** Color or race **W**  
5. Color or race **W**  
6. (a) Single, widowed, married, divorced **single**  
6. (c) Age of husband or wife if alive **1** years

7. Birth date of deceased **Oct 30 1947**  
8. AGE: Years **1** Months **4** Days **4**

9. Birthplace: **Jackson Co Mo.**

10. Usual occupation **Infant**

11. Industry or business

MOTHER FATHER  
12. Name **Loren Lu Dorland**  
13. Birthplace **Emporia, Kansas**  
14. Maiden name **Maie Prather**  
15. Birthplace **Jackson Co Mo**

16. (a) Informant **Father**  
(b) Address **Sugar Creek Blvd. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **12/6/47**  
(c) Place: burial or cremation **burial home**

18. (a) Signature of funeral director **Ronald Speake**  
(b) Address **Independence, Mo**

19. (a) **12-5-47** (b) **Sheraldine Holmes**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **4** year **1947** hour **10** minute **20 P.M.**  
21. I hereby certify that I attended the deceased from **Nov 4**, 1947, to **Dec 4**, 1947, that I last saw him alive on **Dec 4**, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema + Congestion**  
**Euthanasia**  
**Prematurity**  
Due to **Same " "**

Due to **Same**

Other conditions: **159**  
(Include pregnancy within 3 months of death)

Major findings: **none**  
Of operations **none**  
Of autopsy **respiratory system + Congestion**  
**Pulmonary Edema + Congestion**

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? **Independence, Mo**

(d) 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 **H.W. [unclear]** (M. D. or D. O.)  
Address **1624 Prof Bldg** Date signed **12-5-47**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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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..... *Roland A. Speaks*.....  
Licensed Embalmer No. *3604*.....  
P. O. Address *Independence, 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.**