DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 22 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23056

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2901

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: BRUSH CREEK U.S. #50 HIGHWAY AND CLEVELAND AVENUE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether

In this community 9 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3

(c) City or town KANSAS CITY 8 (If outside city or town limits, write "RURAL")

(d) Street No. 4441 FOREST AVENUE (If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME JOHN HAMILTON DORAN, JR

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE D

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE D

6. (b) Name of husband or wife --

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

7. Birth date of deceased NOVEMBER (Month) 25 (Day) 1938 (Year)

8. AGE: Years 9 | Months 7 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation STUDENT - 3RD GRADE

11. Industry or business BANCROFT SCHOOL

FATHER
12. Name JOHN HAMILTON DORAN SR
13. Birthplace CASSIDY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name LORA CANNADY
15. Birthplace (City, town, or county) OKLAHOMA (State or foreign country)

16. (a) Informant MR. JOHN HAMILTON DORAN, SR

(b) Address 4441 FOREST AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 14 1948 (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 12TH year 1948 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from Corner, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 183	
Major findings: Of operations 36	
Of autopsy no History & Inspection	

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

22. If death was due to external causes, fill in the following: 123

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 7-12-48

(c) Where did injury occur? Jackson (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? no (e) Means of injury Drowned

23. Signature [signature] (M. D. or other) Corner

Address 1424 [illegible] Date signed 7-13-48

(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.....Edward M. Store

Licensed Embalmer No.....4452

P. O. Address.....K. C. 4 M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.