49-006944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1949

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4526

Registrar's No. 188

1. PLACE OF DEATH: GREENE

(a) County

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 59

(c) City or town Bois D'Arc
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Julia Ann Doran

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 22 (Day) 1949 (Year)

8. AGE: Years — Months — Days 2 If less than one day 16 hr. 20 min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Ralph Lee Doran
13. Birthplace Springfield (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Margie Jane King
15. Birthplace Clever (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Doran
(b) Address Bois D'Arc, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-49 (Month) (Day) (Year)

(c) Place: burial or cremation Republic, Mo.

18. (a) Signature of funeral director John Dean Harris
(b) Address Cleveland Mo

19. (a) 2-25-49 (Date received local registrar) (b) W E Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1949 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from February 22, 1949, to Feb. 25 1949 that I last saw her alive on Feb. 24, 1949; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart - Patent interventricular Septal defect -

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

7544

Major findings:
Of operations

Of autopsy

Duration

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

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

Address 609 Cherry St Date signed Feb 25 49

(Licensed Embalmer's Statement on Reverse Side)

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

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

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.