

No. 2
11-10-39
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13983

15 1940 399

1002

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1695

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:
1816 Lawn
(If not in hospital or institution, write street number or location)

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

In this community 30 Years
years, months or days)

3. (a) PRINT FULL NAME Stella Gideon Doss 200

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 Married

6. (b) Name of husband or wife Ernest E. Doss 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 3 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>63</u>	<u>8</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Edwards

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

14. Maiden name Tenny

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

16. (a) Informant Ernest E. Edwards

(b) Address 1816 Lawn

17. (a) Cremation (b) Date thereof 4-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mrs. C. J. Foster

(b) Address 98 Brooklyn St. Me

19. (a) 4-22-1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 1816 Lawn
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day April
year 1940 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 22, 1940, to April 20, 1940;
that I last saw her alive on 4-20, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Bronchial Pneumonia

Due to _____

Due to _____

Other conditions Chronic Hepatitis
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury !

23. Signature Earl G. Murrell (M. D. or other)

Address 2935 - 17th Date signed 4-20-40

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

MOTHER, FATHER

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 _____

Theron A. Redmon

Licensed Embalmer No. _____

2737

P. O. Address _____

H. 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, above space should be left blank.