

JUN 4 1940 398  
Registration District No.

Primary Registration District No. 3554

Registrar's No.

142

## 1. PLACE OF DEATH:

- (a) County Jackson  
 (b) City or town Kansas City, Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
8510 Wilson Road  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)

In this community  
years, months or days

3. (a) PRINT FULL NAME John Thomas Dorman  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. 707-12-7289

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lettie V. Dorman  
 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased June 17 1869  
 (Month) (Day) (Year)

8. AGE: Years: 70 Months: 10 Days: 27  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Gulton, Kansas  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Paper Maper  
 11. Industry or business Dorman

- MOTHER FATHER  
 12. Name Daniel Dorman  
 13. Birthplace no record Ireland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Harris  
 15. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lettie V. Dorman  
 (b) Address 8510 Wilson Road  
 17. (a) Burial (b) Date thereof 5/16/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Marys - Indep  
 18. (a) Signature of funeral director Paul C. Carson  
 (b) Address Independence, Mo.  
 19. (a) May 16 40 (b) J. D. Cook  
 (Date rec'd 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. 8510 Wilson Road  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
 year 1940 hour 10:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from  
May 14, 1940, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on May 14, 1940, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

- Immediate cause of death Coronary Thrombosis. Duration 5 hrs.  
 Due to Arteriosclerotic Heart Disease. 4 yrs.  
 Due to \_\_\_\_\_

- Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

- Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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?  
360 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. H. Hill, M. D. (M. D. or other)  
 Address 1414 1/2 Liberty St. Kansas City, Mo. Date signed May 17 1940

*Dr. Hill  
Trinity Lutheran*

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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..... *Ralph E. Miller*

Licensed Embalmer No. *4124*

P. O. Address. *Indianapolis, 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.**