

BUREAU OF THE CENSUS
JUL 15 1940

State File No.

Registration District No. 399

Primary Registration District No.

1002

Registrar's No.

2528

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:
3915 Paseo - 1st Floor South
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution -----
(Specify whether
 In this community 55 Years
years, months or days)

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. 3915 Paseo - 1st Floor South
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME Mrs. Elizabeth Doering 652

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 Widowed

6. (b) Name of husband or wife Mr. William Doering 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased: June 5 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 16 hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER { 12. Name Henry Hiner

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

14. Maiden name Anna M. George

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

16. (a) Informant Mr. Oliver Doering

(b) Address 3915 Paseo

17. (a) Burial (b) Date thereof June 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director O. H. Newcomer's son

(b) Address 1401 Brush Creek Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 21, day June 21
 year 1940 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 13, 1940 to June 21, 1940
 that I last saw h. alive on June 21, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis 92H

Due to: Hypertensive disease

Other conditions: (include pregnancy within 3 months of death)

Major findings: (Specify type of operations)
 Of autopsy: (Specify type of operations)

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 O. D. Coates (M. D. or other) _____
 Address 636 Maple St Date signed 6-21-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address A. 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.