

Registration District No. **85**

Primary Registration District No. **1001**

**1. PLACE OF DEATH:**  
 (a) County **BUCHANAN**  
 (b) City or town **ST. JOSEPH**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **STATE HOSPITAL No. 2**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 mo. 12 ds.**  
 (Specify whether years, months or days) **no info from Jan 1-2 ds**

3. (a) PRINT FULL NAME **James Doran**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: (Month) **?** (Day) **?** (Year) **1867**

8. AGE: Years **73** Months **?** Days **?** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Albany N.Y.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Com. laborer**

11. Industry or business **5**

12. Name **C. J. Doran** 5  
 13. Birthplace **Ireland**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Margaret** 2  
 15. Birthplace **Ireland**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ruth Vance - social worker**  
 (b) Address **R. C. ...**

17. (a) **Burial** (b) Date thereof **Nov 8, 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **St. Joseph ...**  
 (b) Address **St. Joseph ...**

19. (a) **11/17/40** (b) **J. Hestekuch**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MO.** (b) County **Jackson**  
 (c) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **508 Main St.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **Nov 7** day \_\_\_\_\_  
 year **1940** hour **5-75** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Sept. 26, 1940** to **Nov. 7, 1940**  
 that I last saw him alive on **Nov. 7, 1940**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **?**

Due to **Syphilis and arteriosclerosis** ?

Other conditions (Include pregnancy within 3 months of death) **34**

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

**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) \_\_\_\_\_  
 Did injury occur in or about home, on farm, in industrial place, in public place? **85**

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature **J. T. O'Sell** (M. D. or other) \_\_\_\_\_  
 Address **St. Joseph** Date signed **11/7/40**

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

**FILED DEC 10 1940**

**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.....

working under my personal supervision.

Registered Apprentice No. ....

~~Barbara~~

~~not certified~~

Signed.....

Glenn E. Weiler

Licensed Embalmer No. ....

4075

P. O. Address.....

2332 Monitor Pl

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

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