

No. 2  
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17-39  
X23159

FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13381

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1362

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: 585 Forest  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 20 years (Specify whether 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. 585 Forest (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Dockings, Hiron

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race negro

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

6. (b) Name of husband or wife Mary Dockings 6. (c) Age of husband or wife if alive 1 years (Day) (Year)

7. Birth date of deceased March 1 1874  
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation laborer

11. Industry or business Farmer

MOTHER FATHER { 12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country) 4

14. Maiden name unknown

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

16. (a) Informant Mary Dockings

(b) Address 63 1/2 Campbell

17. (a) Burial (b) Date thereof 4-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director G. Stegman

(b) Address 1811 E. 12th St. St. Louis, Mo.

19. (a) Apr 9 1941 (b) M. M. Crowl  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day 3-12-41 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 9:30 A. to 9:30 A. 1941

that I last saw him at home and he deceased on the date and hour stated above.

Immediate cause of death Myocardial infarction

22. Underlying cause of death Chronic myocarditis

Due to 9:30 A.

Other conditions 9:30 A.  
(Include pregnancy within 3 months of death)

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

Of autopsy Inspection

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) \_\_\_\_\_ means of injury \_\_\_\_\_

23. Signature Arthur M. Crowl (M. D. or other) \_\_\_\_\_

Address K.C. Mo. Date signed \_\_\_\_\_

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

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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

*E. Steinhilber*

Licensed Embalmer No.

*3178*

P. O. Address

*1811 E 12th St*

**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, fact should be so stated above.**