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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18041

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 135

1. PLACE OF DEATH:
(a) County Jackson
(b) ~~City or town~~ Rural Blue Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phelps Road 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Phelps Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Joseph Dooling

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

4. Sex Male 0
5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel Dooling
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Feb. (Month) 27 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
32	2	20	hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Michael Dooling
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Donovan
15. Birthplace Unknown 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Dooling
(b) Address Phelps Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Kans
18. (a) Signature of funeral director Esto & Speaks
(b) Address Independence Mo.
19. (a) May 19 1941 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17-41
year hour minute 5:30 P M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Phenol Poisoning
Due to Suicide
Due to
Other conditions (Include pregnancy within 3 months of death) 163 XI
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) Suicide
(b) Date of occurrence 5-17-41
(c) Where did injury occur? Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3 6 0 (Specify type of place)
While at work? (e) Means of injury
23. Signature Russell W Kerr (M. D. or other) 3
Address K Cmo Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 1951

OCT 17 1951

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Roland P. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence

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

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