

FILLED JUL 7 1941

Registration District No. 318A1

Primary Registration District No. 1002

Registrar's No. 2173

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:  
3532 Euclid Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: ---  
(Specify whether  
In this community 40 Years  
years, months or days)

3. (a) PRINT FULL NAME Mr. Raymond C. Doty

3. (b) If veteran, name war No 3. (c) Social Security No. None

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 August 7 1887  
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Bloomington Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation General Contractor

11. Industry or business Building

12. Name Charles A. Doty

13. Birthplace Streator Illinois /  
(City, town, or county) (State or foreign country)

14. Maiden name Cora Lee White

15. Birthplace Sidney Illinois /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mark S. Doty

(b) Address 3532 Euclid

17. (a) Burial (b) Date thereof June 5, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) 6/5/41 (b) M. M. Crow  
(Date received 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. 3532 Euclid Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd  
year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 10 -  
1941 to June 3 1941  
that I last saw him alive on June 1 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 140

Due to Subacute glomerulonephritis year NMD

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?

While at work (Specify type of place) (b) Means of injury

23. Signature John T. Shuman (M. D. or other) MD

Address 1402 Bryant Blvd Date signed 6-3-41

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

248

1702 Bryant St  
2-5-30

**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 *Carle M. Colburn*

Licensed Embalmer No. *3506*

P. O. Address *KC 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, fact should be so stated above.**