No. 2
-1-4-41
-17-39
X2531

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27834

FILED SEP 10 1941 85

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 825

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

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: Died in ambulance enroute to hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~XXXXXXXX~~ (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 404 Massechusetts 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Joseph Doran

3. (b) If veteran, name war None

3. (c) Social Security No. 491-10-8947

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 9 (Day) 1881 (Year)

8. AGE: Years 60 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Nodaway Co., (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business McClintock Ice Company

FATHER
12. Name Lawrence Doran
13. Birthplace Ontario, (City, town, or county) Canada (State or foreign country) 2

MOTHER
14. Maiden name Margaret Shafer
15. Birthplace Ontario (City, town, or county) Canada (State or foreign country) 2

16. (a) Informant Miss Lois Killin (Cousin)
(b) Address 1512 Jules St., St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/18/41 (Month) (Day) (Year)
(c) Place: burial or cremation Maryville, Missouri

18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., St. Joseph, Mo.

19. (a) 8/17/41 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15th year 1941 hour 6 minute 45 P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Aug 15, 1941, to ____, 19__; that I last saw ~~[illegible]~~ ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to Angina Pectoris	2 weeks
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Man died suddenly while on his way to a ball game. For the past two weeks he
Of autopsy no has complained of attacks of pain in region of his heart

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H F Mundy (M. D. or other) Coroner
Address 404 So 3d St Date signed 8/17/41

85

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 ..... myself. ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 602-4 Burger St. Joseph, Mo.

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

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