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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1164

Registration District No. 297

Primary Registration District No. 1002

State File No. _____

Registrar's No. 406

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:
St Joseph O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 5 days

3. (a) PRINT FULL NAME Dopking, Infant

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: Jan 23 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 If less than one day _____ hr. _____ min.

9. Birthplace Kansas City mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name AAARR wood DAL DOPKING

13. Birthplace FORT COBB IOWA
(City, town, or county) (State or foreign country)

14. Maiden name HELOISE WOOD

15. Birthplace Clay center Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Al Dopking

(b) Address 708 W 48th St

17. (a) Removal (b) Date thereof 1-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clay center Kans

18. (a) Signature of funeral director Winegar Funeral Home
Clay center, Kans

19. (a) 1-29-42 (b) M. M. Brown
(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. 708 W 48th St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1942 hour 6 minute 15 a M.

21. I hereby certify that I attended the deceased from Jan 23, 1942 to Jan 29, 1942 that I last saw him alive on Jan 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory collapse

Due to Prematurity

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? _____

23. Signature F. P. Swisher (M. D. or other) M.O.
Address 838 Argyle Bldg Date signed 1-29-42

Duration 12 hours

Due to 6 wks

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.