. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1942

Registration District No. 3

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13295

Primary Registration District No. 1002

Registrar's No. 1660

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6313 Indp. Ave. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) N
If yes, name country

3. (a) PRINT FULL NAME Martin Edwin Doering
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 Oct 1 1931 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
10	6	26	hr. min.

9. Birthplace Kansas City Mo. U (City, town, or county) (State or foreign country)
10. Usual occupation School boy
11. Industry or business
MOTHER FATHER
12. Name Edwin M. Doering
13. Birthplace Kansas City Mo. U (City, town, or county) (State or foreign country)
14. Maiden name Blanche Bumbarger
15. Birthplace Kansas City Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Edwin M. Doering
(b) Address 509 So. Hardesty
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Mrs. C. L. Foster
(b) Address 918 Brooklyn
19. (a) 4-28-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1942 hour 10 minute a. M.
21. I hereby certify that I attended the deceased from April 25, 1942 to April 27, 1942 that I last saw him alive on April 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute rheumatic pericarditis	21 days
Due to Acute rheumatic myocarditis	21 days
Due to S8B	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Rheumatic pericarditis

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 Graham Ashton (M. D. or other) M. D.
Address 1220 Professional Bldg Date signed 4-27-42

341 (Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 25570

P. O. Address Kansas City 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.