V. S. No. 2
0M—9-4-41
Rev. 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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13296
Registrar's No. 1608

Registration District No. 399 Primary Registration District No. 1002

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 Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community 35 Years

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. 3318 Prospect Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) N
If yes, name country ------

3. (a) PRINT FULL NAME Mrs. Myrtle Della Dolby
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. George E. Dolby
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased May (Month) 14 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	8	hr. min.

9. Birthplace Chillicothe (City, town, or county) Missouri (State or foreign country) M
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Louis Spurlock
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) U
MOTHER
14. Maiden name Sarah J. Risley
15. Birthplace Unknown (City, town, or county) (State or foreign country) U
16. (a) Informant Geo. E. Dolby
(b) Address 3318 Prospect Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 4-24-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1942 hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from Apr 21. 1942, 19..., to Apr 22, 1942, that I last saw her alive on April 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Haemorrhage	1 da
Due to Arterial Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) no
(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) (e) Means of injury — 0
23. Signature F B Wallace (M. D. or other)
Address Lathrop Bldg KC Mo Date signed 4/24/42

3 U) (Licensed Embalmer's Statement on Reverse Side)

Dr. Frank B Wallace
703 Lathrop Bldg
12:30 - 3 Pm Fri.

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 C. Hervey Quisenbu

Licensed Embalmer No. 4070

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.