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 JUL 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20242

State File No. 2492

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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 Hospt. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Hrs. (Specify whether
In this community 2 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4118 Independence Ave. 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Clarence James Doherty

3. (b) If veteran, name war World War

3. (c) Social Security No. None.

4. Sex male 0

5. Color or race Wh.

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

6. (b) Name of husband or wife Eleanor M. Doherty

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

7. Birth date of deceased Febr. (Month) 1 (Day) 1880 (Year)

8. AGE: Years 62 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Windsor (City, town, or county) Mo. 11 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Retired

FATHER
12. Name Michael Doherty
13. Birthplace (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Murphy
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. C. W. Catlin (niece)

(b) Address Jefferson City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 2 (Day) 42 (Year)

(c) Place: burial or cremation Calvary Sedelia Mo.

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C.Mo.

19. (a) 6/30/42 (Date received local registrar) (b) M. N. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1942 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from June 24, 1942 to June 29, 1942 that I last saw him alive on June 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Nose caused by Cirrhosis Liver with Blood clot Insufficiency

Due to

Due to

124B'

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes.

Duration

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 D L Sunnate (M. D. or other)

Address 500 Argyle Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

Mc

MAY 24 1945

Gun 24 to Gun 29

Mr. Shumate Wiggle Pledg

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 Chas. Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwoo

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.