

FILED OCT 5 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3494

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:
3611 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **68 years**
(Specify whether years, months or days)

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. **3611 Woodland**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mrs. Elizabeth Doerr**

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 **Joseph J. Doerr** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **June 8 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 14 hr. min.

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **Peter Schwitzgebel**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Homrighausen**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph J. Doerr**
(b) Address **3611 Woodland**

17. (a) **Burial** (b) Date thereof **9-24-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Mo.**

19. (a) **9/23/42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **22**
year **1942** hour **3:30** minute **11** M.

21. I hereby certify that I attended the deceased from **Sept 17 1942** to **Sept 22 1942**
that I last saw her alive on **Sept 22 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **6 days**
Due to **arteriosclerosis** **5 yrs**

Due to **fracture** **83d**

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?

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

23. Signature **D. J. Davis** (M. D. or other)
Address **907 Waldheim** Date signed **Sept 23 42**

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

MOTHER FATHER

