

U.S. No. 2
OM-9-4-41
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I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32691

State File No.

FILED OCT 20 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3606

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

1. PLACE OF DEATH: Jackson

(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: K.C. General Hospital No. 10
(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: Unknown

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.: 728 1/2 Main St.
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Fred Dockstader

3. (b) If veteran, name war: No record

3. (c) Social Security No.: Unknown

4. Sex: M. 0

5. Color or race: W.

6. (a) Single, widowed, married, divorced, Widower 2

6. (b) Name of husband or wife: *ink*

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

7. Birth date of deceased: Dec. 17th 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	9	3	hr. min.

9. Birthplace: Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: None listed

11. Industry or business: _____

12. Name: Frank Dockstader

13. Birthplace: Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Record Clerk

(b) Address: K.C. General Hospital

17. (a) Anatomical (b) Date thereof: 10 1 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Western Dental College

18. (a) Signature of funeral director: Weilert Funeral Home

(b) Address: 2332 Monitor Place: K.C. Mo.

19. (a) 10-1-42 (b) *Mr. M. Crowe*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 20th
year: 1942 hour: 1 minute: 45 P.M. A.M.

21. I hereby certify that I attended the deceased from 9-15-42, 19, to 9-20-42, 19, that I last saw him alive on 9-20-42, 19, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis, primary focus undetermined

Due to: *552*

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: None

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)

(c) Means of injury: _____

23. Signature: *James R. Thorn* (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Blaine E. Weiler
Licensed Embalmer No. 4075
P. O. Address K.C. 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.