

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 25 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1340

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7218 E 17th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 7218 E 17th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Charley Dorwick (Doweiko)
3. (b) If veteran, name war None 3. (c) Social Security No. 487-09-5353

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 17th
year 1943 hour 4 minute 35 A M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Dorwick
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Mar. 4, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1943 to March 16, 1943
that I last saw him alive on March 16, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 0 13
hr. min.

Immediate cause of death Hypostatic pneumonia Duration 1 day
Due to Myocarditis 4 mo.

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Due to 43 E
Major findings:
Of operations.....
Of autopsy.....

10. Usual occupation Cupola Tender

11. Industry or business Security Stove Co.

MOTHER FATHER
12. Name Thomas Dorwick
13. Birthplace Russia 6
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record P
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Anna Dorwick
(b) Address 7218 E 17th St. K.C. Mo.

17. (a) Burial (b) Date thereof Mar. 22-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys Cemetery

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 F.W. Thompson (M. D. or other) MD
Address 720 Bryant Bldg Date signed 3/18/43

18. (a) Signature of funeral director Sheil Funeral Home
(b) Address 6606 Indep. Ave. K.C. Mo.
19. (a) 3/18/43 (b) Mr. W. Crow
(Date received local registrar) (Registrar's signature)

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

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.....

J. P. Steel

Licensed Embalmer No.....

3625

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.