

FILED JUN 7 1943
Registration District No. 7/19

Primary Registration District No. 1002

2118

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

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:
2315 Norton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOSEPH HEMMINGWAY DOVELL

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nina May 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec. 20, 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 16 If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical Contractor

11. Industry or business Self

12. Name Jos. Dovell

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

14. Maiden name Amanda Hawkins

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

16. (a) Informant Nina May Dovell

(b) Address 2315 Norton

17. (a) Burial (b) Date thereof May 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son,

(b) Address Kansas City, Mo.

19. (a) 5-7-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 2315 Norton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 11 minute 04 P.M.

21. I hereby certify that I attended the deceased on May 6, 1943
only 19... to... 19...
that I last saw him alive on May 6, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 hrs

Due to Cerebral Hemorrhage - High Blood Pressure

Due to None

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no 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).....
(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) Means of injury

23. Signature Edward L. Stewart (M. D. or other)
Address 2520 Jackson Ave. Date signed 5/7/43

Dr. Stewart
Shaker & Blay

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 W. H. Blackman

Licensed Embalmer No. 2247

P. O. Address.....

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.