

33763
22763
4220

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

FILED NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4220

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:
4107 Millcreek /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 56 Years
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. 4107 Millcreek
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JULIA FLOOD DOOLAN

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

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

6. (b) Name of husband or wife Joe Doolan 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October 8, 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 58 Days 24 If less than one day 25 hr. _____ min _____

9. Birthplace Alton, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Flood
 { 13. Birthplace Alton, Illinois /
(City, town, or county) (State or foreign country)
 { 14. Maiden name Carrie Otey
 { 15. Birthplace Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Flood
 (b) Address 4107 Millcreek

17. (a) Burial (b) Date thereof 10/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros

(b) Address 1729 Lydia Avenue

19. (a) 10-5-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 2, day Saturday
 year 1943 hour 5:35 minute P. M.

21. I hereby certify that I attended the deceased from 7-30-43 to 10-2-43
 that I last saw her alive on 10-1-43 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to 46f

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

Major findings:
 Of operations _____
 Of autopsy none

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) no
 (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? _____

23. Signature [Signature] (M. D. or other)
 Address 2722 87 St Date signed 10-4-43

Dr. Haugh

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.....

Licensed Embalmer No.....

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.