S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No. 1/9

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6028

Registrar's No. 1023 812

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: 3521 CollegeeAve. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 64 Years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City Mo. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3521 College Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph A. DOLD.
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 Anna F. Dold
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased February (Month) 7th, (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
85	0	10	hr. min.

9. Birthplace Baden (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business American R.R.Express Co.
FATHER
12. Name John H. Dold.
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs. Celia McMahon
(b) Address 3521 College Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery
18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.
19. (a) 2-19-44 (Date received local registrar) (b) D. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th year 1944 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from 2/17 1944 to 2/17 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Arteriosclerosis Heart disease	—
Due to: Generalized arteriosclerosis	—
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations ✓ R30	
Of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature William L. Dolds (M. D. or coroner)
Address 1036 Ruth Kansas City Date signed 2/19/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Graham Owens
Rialto Bldg.

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. 2999

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.