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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11791

Registration District No. 280

Primary Registration District No. 5965

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Smithville Rural Preston Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RR#2 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ~~17 Yes~~ One Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Smithville. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. RR#2
(If rural, give location)

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

If yes, name country ?

3. (a) PRINT FULL NAME James Henry Doyle

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex Male

5. Color or race Wht

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

6. (b) Name of husband or wife Mae Doyle

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct 4 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	5	26	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Mathew Doyle
13. Birthplace Lewis County (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Eliza Arnold
15. Birthplace Parkville (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mae Doyle
(b) Address Smithville Mo RR#2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. K.C.Ks.

18. (a) Signature of funeral director Simmons F Home
(b) Address 1404 So 37 K.C.Ks.

19. (a) 3-30-44 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1944 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 5 1944, 19.., to March 29 1944, that I last saw him alive on March 29 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83b

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 C. B. Hobbs, MD (M. D. or other)

Address Smithville, Mo Date signed 3-30-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 4-44-34

Date Filed 4-3-44

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 H Simmon

Licensed Embalmer No. 3903

P. O. Address R C K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.