No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20569

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2498

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: 1118 East 16th Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 years (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 5
(d) Street No. 1118 East 16th St. (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Myrtle Doutherd
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl Doutherd
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased November 24, 1896 (Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Henry Johnson
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Annie
15. Birthplace Heflin (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Erma Routt
(b) Address 1118 East 16th St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/12/44 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn K.C.R
18. (a) Signature of funeral director Hatkins Bros
(b) Address 1729 Lydia
19. (a) 6.13.44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1944 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from May 10th, 1944, to June 8th, 1944 that I last saw her alive on June 1st, 1944 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Interstitial Nephritis — Duration 2 years
Due to
Due to 131 a
Other conditions Mitral Regurgitation (Include pregnancy within 3 months of death)
Major findings: Of operations none
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) —
(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 L. D. Guggenheim (M. D. or other)
Address 5202 E 18 K.C. Mo. Date signed 6/12/44

(Licensed Embalmer's Statement on Reverse Side)

Guggenheim

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 D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highlan

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

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