S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30082

Registrar's No. 3687

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days 0 (Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4924 Tracy 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JOHN A DOUGHERTY

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-5227

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Gertrude Dougherty

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec 5 1874 (Month) (Day) (Year)

8. AGE: Years 69 | Months 9 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Leavenworth Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Legal Dept-L. C.

11. Industry or business Public Service Co.

FATHER
12. Name Charles W. Dougherty
13. Birthplace P a 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie Gallagher
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jack A Dougherty
(b) Address 4924 Tracy

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/13/44 (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kansas

18. (a) Signature of funeral director Murk & Tobin Co
(b) Address 20 West Linwood

19. (a) 9-12-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10th day Sept year 1944 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from Sept 3 1944, 19__, to Sept 10, 1944, that I last saw him alive on Sept 10, 1944, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death 1- Posterior Coronary Thrombosis recent

Due to 2- Cerebral Embolism - recent
3- Generalized arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

Of autopsy yes

Duration

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 Wm R Trimble (M. D. or other) 0

Address Trinity Hosp Date signed 9/11/1944

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M Zurk

Licensed Embalmer No. 3774

P. O. Address Kansas City Mo

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.