S. No. 2
M 5-43
55-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30085

FILED SEP 22 1944

Registration District No. 9 — Primary Registration District No. 1602 — Registrar's No. 3565

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: Gen'l Hos'p (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hrs. (Specify whether years, months or days) In this community 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 2731 Highland (If rural, give location) 7
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Richard Doze

3. (b) If veteran, name war: no

3. (c) Social Security No. 434-14-6702

4. Sex: m 7 — 5. Color or race: col — 6. (a) Single, widowed, married, divorced: Mar

6. (b) Name of husband or wife: Myrtle Doze

6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: Jan. (Month) 12 (Day) 1905 (Year)

8. AGE: Years 39 — Months 7 — Days 19 — If less than one day: hr. min.

9. Birthplace: Unk (City, town, or county) — U (State or foreign country)

10. Usual occupation: Coach Attendant

11. Industry or business: K.C. Southern

FATHER
12. Name: Will Doze
13. Birthplace: Unk (City, town, or county) — U (State or foreign country)

MOTHER
14. Maiden name: Elmora
15. Birthplace: Homer La. (City, town, or county) — 1 (State or foreign country)

16. (a) Informant: Myrtle Doze
(b) Address: Shevesport La.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Shevesport La.

18. (a) Signature of funeral director: Watkins Bro. Undt
(b) Address: 1729 Lydia

19. (a) 9-2-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31 year 1944 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19 ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Auto Traumatism — Duration
Due to: Fracture of Skull
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 170C-8
Of autopsy: yes 21

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): Acc 123
(b) Date of occurrence: 8-30-44
(c) Where did injury occur? K.C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home or farm, in industrial place, in public place? Public Place (Specify type of place) 50
While at work? no (e) Means of injury: Auto Trauma

23. Signature: L. P. Richardson (M. D. or other)
Address: 1832 Vine Date signed: 9-2-44

(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 G Clifford Morris

Licensed Embalmer No. 3106

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.