U. S. No. 2
OM—8-43
Rev. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33135

Primary Registration District No. 1002

Registrar's No. 3992

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: K. C. General Hospital No. 1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)
In this community: unk.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 38
(If outside city or town limits, write "RURAL")

(d) Street No.: 3319 Olive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: n

3. (a) PRINT FULL NAME: Dolly Fosha

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

3. (c) Social Security No.: none

4. Sex: Fe 1

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: William

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

7. Birth date of deceased: Marsh (Month) 29 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	6	6	hr. min.

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

10. Usual occupation: housekeeper

11. Industry or business:

MOTHER FATHER

12. Name: John Strong

13. Birthplace: don't know (City, town, or county) 9 (State or foreign country)

14. Maiden name: May Gossage

15. Birthplace: don't know (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Enna Mae Sprinkle

(b) Address: 3319 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington

18. (a) Signature of funeral director: Geo. T. Porter

(b) Address: 915 N. 10th KC Ks.

19. (a) 10-5-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 5 year: 1944 hour: 5 minute: A. M.

21. I hereby certify that I attended the deceased from Sept. 27, 1944, to Oct. 5, 1944; that I last saw h. alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute bacterial endocarditis

Due to:

Due to: 9 a

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy: See above

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: O

23. Signature: A. E. Usher (M. D. or other)

Address: Med. Dir. Gen'l Hosp. Date signed: 10-5-44

(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 Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 915 N. 10th KCK

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.