

FILED DEC 12 1944

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 314

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1201 1/2 W. Lexington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 16 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1201 1/2 W. Lexington
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Luke Dorman

3. (b) If veteran, name war _____

3. (c) Social Security No. 496-09-0711

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 2, 1875.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>1</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Night Watchman

11. Industry or business _____

MOTHER FATHER

12. Name Mathew Dorman

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pickford

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant James Dorman

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 12-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Lane, Care

18. (a) Signature of funeral director Roland R. Heath

(b) Address Independence, Mo.

19. (a) 12-4-1944 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st
year 1944 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 23
1944 to Dec 1st, 1944;
that I last saw him alive on 12-1-44
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to _____

Due to 930

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

Major findings:
Of operations _____

Of autopsy _____

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 2

23. Signature Judith Bammer (M. D. or other) DD
Address Martin Bldg - Indep. Mo. Date signed 12/4/44

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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 *Roland R. Speaks*

Licensed Embalmer No. *3604*

P. O. Address *Indep. 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.