

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1521

Registration District No. 149

Primary Registration District No. 1002

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:
108 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 30 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 108 Wabash
(If rural, give location)
(e) Citizen of foreign country? () (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Leslie Dorr
3. (b) If veteran, name war No
3. (c) Social Security No. 333-20-3406

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 3rd.
year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 1-22-1945 to 4-2-1945
that I last saw him alive on 4/1/3 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased 7 3 1880
(Month) (Day) (Year)

Immediate cause of death:
Paraplegia
Tumor of spinal cord
Unqualified
Due to _____
Due to _____
Other conditions "
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>0</u>	_____hr. _____min.

57 e'
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Penn.
(City, town, or county) (State or foreign country)
10. Usual occupation Civil Engineer
11. Industry or business _____
12. Name Enos Dorr
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Belle Highlands
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Inez I. Dorr
(b) Address 108 Wabash
17. (a) Burial (b) Date thereof 4-3-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hill Cemetary

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. Prenter (M. D. or other)
Address 900 Reate Road Date signed 4/3/45

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri
19. (a) 4-5-45 (b) H. Holmes
(Date received local registrar) (Registrar's signature)

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

48
3
8

Dr. Prentiss A.S.
- Rick
- 5/1/72
1-3-

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 Theron A. Redman
Licensed Embalmer No. 2737 1
P. O. Address K. C. 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.