

U.S. No. 2
M-9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

27613

FILED SEP 14 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

49
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sedgwick 999

(c) City or town Wichita
(If outside city or town limits, write "RURAL") 11/1

(d) Street No. 1031 S. Terrace Drive
(If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country.

3. (a) PRINT FULL NAME Robert Edward Doyle

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charlotte Gayle Doyle 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 11, 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	7	24	hr. min.

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

10. Usual occupation lig builder

11. Industry or business

MOTHER FATHER { 12. Name Ora Doyle

{ 13. Birthplace Morrisonville Illinois
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mollie Spencer

{ 15. Birthplace Burdett Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charlotte Gayle Doyle
(b) Address 1031 S. Terrace, Wichita, Ks.

17. (a) burial (b) Date thereof 8/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 8/15/45 (b) Ed W. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1945 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Aug 3-4-5
1945 to Aug 4 1945
that I last saw h. in alive on Aug 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Basilar Meningitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: StW

Of operations

Of autopsy

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 J.E. Kearney (M.D. or other)
Address 3411 W. 10th St. Wichita Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

45-8-708

SEP 25 1945

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.