

S. No. 2
OM-5-43
v. 5-17-39
P 1 X 3671

FILED OCT 4 1945

State File No. _____

Registration District No. 280

Primary Registration District No. 6964

Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution:
North of Fairfax Airport 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community passing through years, months or days

3. (a) PRINT FULL NAME Noel B. Doty, #39113540

3. (b) If veteran, name war World War #2

3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

unknown hr. min.

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

10. Usual occupation Staff Sergt.

11. Industry or business Army

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant U. S. Army

(b) Address Kansas City, Mo.

17. (a) removal (b) Date thereof 9-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, California

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-16-45 (b) Mrs. Ophelia Ralston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County 999

(c) City or town Richmond 4
(If outside city or town limits, write "RURAL")

(d) Street No. unknown 2
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1945 hour 11:2 minute 15 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Second and third degree burns entire body, fracture of skull

Due to _____

Due to _____

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

Major findings: Of operations 173.8
173.4

Of autopsy no

History - Inspection

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) Accident 83

(b) Date of occurrence 9-15-45

(c) Where did injury occur? Platte County MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place on plane
(Specify type of place)

While at work? yes (e) Means of injury crash

23. Signature Jessie Walker 3 (M. D. or other) em

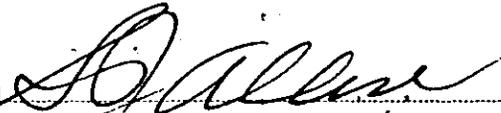
Address 2424 1/2 1st St, Rich, Mo. Date signed 9-15-45

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.

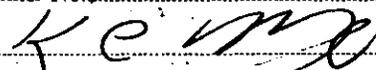
Signed



Licensed Embalmer No.

1415

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.