

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2249**

FILED JUN 3 1946
Registration District No. 147

Primary Registration District No. 1002

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

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
 In this community 2 1/2 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 901 West 38th. St.
(If rural, give location)
 (e) Citizen of foreign country? unknown (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ambrose Clark Doan
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 11 13 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 26 hr. min.

9. Birthplace Canada
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Levi Doan
 13. Birthplace Canada
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Lang
 15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J.A. Vance
 (b) Address Kansas City, Missouri
 17. (a) Removal (b) Date thereof 5-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Parsons, Oklahoma

18. (a) Signature of funeral director Mrs. C.L. Forster
 (b) Address Kansas City, Missouri
 19. (a) 5-20-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 18
 year 1946 hour 11 minute 5 P. M.
 21. I hereby certify that I attended the deceased from May 8, 1946 to May 18, 1946
 that I last saw him alive on May 18, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebrovascular accident
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 83a
 - Of operations _____
 Of autopsy None

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 Car
 23. Signature Wm W Hart (M. D. or other) Phys
 Address Med. Dir. Gen'l Hosp. Date signed 5-20-46

Duration _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

A. R. Quinn

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 *E. H. Wise*

Licensed Embalmer No. *25-70*

P. O. Address *K. E. 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.