

FILED SEP 3 1948 STANDARD CERTIFICATE OF DEATH

State File No. **27089**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3632**

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:
3611 Woodland
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **55 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. **3611 Woodland**
(If rural, give location)
 (e) Citizen of foreign country? **No**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JOSEPH J. DOERR**

3. (b) If veteran, name war **No**
 3. (c) Social Security No. **493-14-8693**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Elizabeth Doerr**
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 4th 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	6	17	hr. _____ min. _____

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

10. Usual occupation **Carriage Maker & Black Smith**

11. Industry or business

12. Name **John Doerr**

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

14. Maiden name **Catherine Isemann**

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

16. (a) Informant **Edward J. Doerr**

(b) Address **3611 Woodland Avenue**

17. (a) **Burial** (b) Date thereof **8 - 23 - 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd Street**

19. (a) **8-22-48** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **21st** year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Sept 10** to **Sept 21**, 19**46**
 that I last saw him alive on **Sept 21 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to **Hepatic Carcinoma**

Due to _____

Other conditions **46f**
(Include pregnancy within 3 months of death)

Major findings: 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 **Oscar Jackson** (M. D. or other) _____

Address **1103 Cambridge** Date signed **8-22-48**

Duration

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

25930

10:30 to 5:08 o'clock

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.