

FILED AUG 27 1946

Registration District No. 117

Primary Registration District No. 1002

Registrar's No. 3548

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kanasa City
 (If outside city or town limits, write "RURAL" and name of township.)
 (c) Name of hospital or institution:
Little Sisters of the Poor
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 years 3 mo
 (Specify whether years, months or days) 2 yrs, 3 mos

3. (a) PRINT FULL NAME FRANK DORAN

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 October 9 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 5 hr. min.

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

10. Usual occupation None

11. Industry or business.....

12. Name Cornelius Doran ?13. Birthplace No record
 (City, town, or county) (State or foreign country)14. Maiden name Margaret Doran 415. Birthplace No record
 (City, town, or county) (State or foreign country)16. (a) Informant Sister Dr. Brule(b) Address 5331 Highland17. (a) Burial (b) Date thereof 8/17/46
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Mary's Cemetery(a) Signature of funeral director Mark E. Soben(b) Address 20 West Linwood19. (a) 8-17-46 (b) M. Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No 5331 Highland 8
 (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day Aug
 year 1946 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from Feb 1946
 19..... to Aug 14 1946 19.....

that I last saw h. im alive on Aug 14 1946 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Acute Cardiac Failure 24 Hours

Due to Hypertensive Heart Disease 8 year

Due to Chronic Nephritis and
Generalized Arterio-sclerosis 15 years

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

Major findings:

Of operations.....

Of autopsy..... No 131A

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).....

(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 John T. Skinner (M. D. or other) MDAddress 1102 Grand Ave Date signed 8-15-46

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.....

John J. Courroy

Licensed Embalmer No.....

4424

P. O. Address.....

202 Windwood

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.