S. No. 2
OM—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36114

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1349

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missourl (b) County Buchanan 11
(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")
(d) Street No. 2809 South 23rd. Street 7 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Grover Cleveland Doak
3. (b) If veteran, name war No
3. (c) Social Security No. 495-07-1241
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Elva Doak
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased December (Month) 18 (Day) 1884 (Year)

8. AGE: Years 61 | Months 11 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace Milan (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Bookkeeper
11. Industry or business Swift & Company

FATHER
12. Name Samuel A. Doak
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Elva Doak
(b) Address Mr 2809 So. 23rd. S. St. Joseph, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri.
19. (a) Dec. 5, 1946 (Date received local registrar) (b) Ed. Dunkin Deputy Register (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th. year 1946 hour 9 minute 55 P. M.
21. I hereby certify that I attended the deceased from Nov. 15, 1946, to Nov. 29, 1946 that I last saw him alive on Nov. 29, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocardial failure	2 hrs.
Pulmonary congestion	24 hrs.
Due to Coronary occlusion	6 wks.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94A

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. [illegible] (M. D. or other)
Address [illegible] Date signed 12/3/46

(Licensed Embalmer's Statement on Reverse Side)

Undertaker

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 Albert R. Harrington

Licensed Embalmer No. 5258, Missouri.

P. O. Address St. Joseph, Missouri.

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.