7. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1057

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Dead on Arrival (Specify whether
In this community 12 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 4
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 111 Holmes 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Richard Dorcy
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M 0
5. Color or race W
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 Dec (Month) 23 (Day) 1946 (Year)
8. AGE: Years | Months | Days 12 +3 | If less than one day hr. min.
9. Birthplace Kansas City, Mo (City, town, or county) (State or foreign country) 0
10. Usual occupation infant
11. Industry or business
FATHER 12. Name Albert Dorcy
13. Birthplace Dallas, Texas (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Agnes Deller
15. Birthplace Grand Fork (City, town, or county) No Dak (State or foreign country)
16. (a) Informant Mother
(b) Address 111 Holmes
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys
18. (a) Signature of funeral director Peter B Kopelman
(b) Address KC Mo
19. (a) 1-6-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1947 hour 5 minute 45 p. M.
21. I hereby certify that I attended the deceased from 1-5- 1947 to Pathologist 19; that I last saw h. in alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 19
Major findings:
Of operations
Of autopsy Same

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 (M. D. or other) MD
Address St Luke's Hosp Date signed 5 Jan 49

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ Packed in Preservative only by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4773

P. O. Address KC 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.