FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 9/9

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27657

Registrar's No. 3600

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: 8008 MICHIGAN / (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: 57 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No.: 8008 MICHIGAN (If rural, give location) 8
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: JOHN GREGORY DOUGHERTY
3. (b) If veteran, name war: NO
3. (c) Social Security No.: 702-07-1543

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: VIOLET F. DOUGHERTY
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: Oct (Month) 25 (Day) 1899 (Year)

8. AGE: Years 57 Months 9 Days 26 If less than one day: hr. min.

9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: ENGINEER LOCOMOTIVE
11. Industry or business: FRISCO RAIL ROAD
FATHER 12. Name: JOHN DOUGHERTY 0
13. Birthplace: LEXINGTON (City, town, or county) MISSOURI (State or foreign country)
MOTHER 14. Maiden name: ANNA NEFF
15. Birthplace: JOHNSTOWN (City, town, or county) PENNSYLVANIA (State or foreign country)
16. (a) Informant: Violet F. Dougherty
(b) Address: 8008 Michigan
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Aug 22, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: FLORAL HILLS
18. (a) Signature of funeral director: D. W. Newcomer's Sons
(b) Address: 1401 43rd Cook Blvd
19. (a) 8-22-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1947 hour 9 minute 45 A.M.
21. I hereby certify that I attended the deceased from July, 1947, to Aug 20, 1947, that I last saw him alive on Aug 18, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: Metastasis from Ca of Rectum	
Due to: Carcinoma of Rectum	2 yrs
Other conditions (Include pregnancy within 3 months of death): Bilat Pyelonephritis	

Major findings:
Of operations: Ca of Rectum
Of autopsy: No

PHYSICIAN — Underline the cause of 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: Wm. A. Slagle (M. D. or other)
Address: 822 Argyle, K.C. Mo. Date signed: 21 Aug 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

909 E 43 Ch. Stage

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. Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address. K. C. 4 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.