

No. 2
1/47
17-39

31175

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
4167
Registrar's No.

National Office of Vital Statistics
FILED OCT 11 1947
Registration District No.

Primary Registration District No. 1002

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

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: 4119 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

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. 4119 Charlotte (If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOMINICK DOHERTY
3. (b) If veteran, name war No
3. (c) Social Security No. 499-09-6842
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Doherty 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March 17 1897
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1st day Oct
year 1947 hour 6:00 minute P M.
21. I hereby certify that I attended the deceased from September 30, 1947 to Sept. 30, 1947
that I last saw him alive on Sept. 30, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion 1 day
Duration

8. AGE: Years Months Days If less than one day
50 6 14 hr. min.

Due to

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation Maintenance Man

Other conditions Hepatitis
(Include pregnancy within 6 months of death)

11. Industry or business Continental Hotel

PHYSICIAN
Major findings: gpa
Of operations

12. Name Dominick Doherty

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Carey

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Doherty

(b) Address 4119 Charlotte St

17. (a) Burial (b) Date thereof 10/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Frank J. ...

(b) Address 20 West Linwood

19. (a) 10-3-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

23. Signature [Signature] (M. D. or other)
Address 4050 ... Date signed Oct 27

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 Howard W. Farmer

Licensed Embalmer No. 4137

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.