No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38101

FILED DEC 9 1947

Registration District No. 1947 49 — Primary Registration District No. 1002 — Registrar's No. 4909

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: St Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 Days (Specify whether years, months or days)

In this community: 37 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Wyandotte 999

(c) City or town: Kansas City 11
(If outside city or town limits, write "RURAL")

(d) Street No.: 1870 Tennyson 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 2

3. (a) PRINT FULL NAME: Thomas W. Dobyns

3. (b) If veteran, name war: None

3. (c) Social Security No. none

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs Ina Dobyns

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: August (Month) 5 (Day) 1886 (Year)

8. AGE: Years 61 | Months 3 | Days 18 | If less than one day: hr. min.

9. Birthplace: El Monte (City, town, or county) California (State or foreign country)

10. Usual occupation: Engineer

11. Industry or business: Kansas City Southern R R.

FATHER
12. Name: George W. Dobyns
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Hannah J. Freer
15. Birthplace: California (City, town, or county) (State or foreign country)

16. (a) Informant: Ina Dobyns
(b) Address: Kansas City Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: El Monte, California

18. (a) Signature of funeral director: J. A. Fulton
(b) Address: Kansas City Kansas

19. (a) 11-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 23 year: 1947 hour: 5 : 15 minute: A.M.

21. I hereby certify that I attended the deceased from 3 Nov, 1947, to Nov. 23, 1947 that I last saw him alive on 22 Nov 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure — Duration: 2 days

Due to: Chronic Myocarditis — 2 yrs.

Due to: Arteriosclerosis Hemorrhage with Coronary Sclerosis — 8 yrs.

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

Major findings: Of operations: None Performed

Of autopsy: 93 N

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: James W. Downey (M. D.)

Address: 800 Argyle Bldg K.C. Mo. Date signed: 24 Nov. 1947

(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 by me, or by.....

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

working under my personal supervision.

Signed M. M. Sewsker

Licensed Embalmer No. 2505

P. O. Address N. C. Kansas

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.