S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1054

Registration District No. FILED FEB 7 1948 49

Primary Registration District No. 1002

Registrar's No. 403

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: 1327 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1327 Prospect 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME IDA MAY DORRELL
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Hilton Dorrel (Divorced)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 3 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	9	244	hr. min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
10. Usual occupation Home
11. Industry or business x

FATHER
12. Name Frederick Redick 4
13. Birthplace Germany (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Jeanette McMichael
15. Birthplace New York (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. May B. Ala
(b) Address Drexel, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29 1948 (Month) (Day) (Year)
(c) Place: burial or cremation MT MORIAH CEMETERY
18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo
19. (a) 1-29-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1948 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy no History & Inspection	

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 [signature] (M. D. or other)
Address 424 [illegible] Date signed 1-28-48

Jefferson City Printing Co.

(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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address K.C. 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.