

WRITE PLAINLY—USE 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:
5211 Norledge
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 16 years
years, months or days)

3. (a) PRINT FULL NAME JOHN FRANCIS DOHERTY

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 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 Oct 13 1931
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>16</u> | <u>10</u> | <u>10</u> | hr. _____ min. |

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation High School Student

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Doherty

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

14. Maiden name Catherine Moylan

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

16. (a) Informant Charles Doherty

(b) Address 337 North Denver

17. (a) Burial (b) Date thereof 8/26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Dwight P. Owen

(b) Address 20 West Linwood

19. (a) 8-24-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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") 8
 (d) Street No. 337 North Denver
(If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day Aug
 year 1948 hour 3:30 minute P M.

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

Immediate cause of death
Gunshot of Left Chest & Right
 Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death)
Deputy Coroner

Major findings: Of operations 184

Of autopsy History & Inspection
 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 Accident
 (b) Date of occurrence 8/23/48
 (c) Where did injury occur? Kansas City no
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) Gunshot
(e) Means of injury

23. Signature A.E. Usher (M.D. or other)
 Address 2800 1/2 main 8/23/48

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 Harold W. Farmer.....

Licensed Embalmer No. 4134.....

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.