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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29728

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3596

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 21 days (Specify whether
In this community unknown
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. 712 W. 11 St.
(If rural, give location)

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

If yes, name country

48
3
2
0

3. (a) PRINT FULL NAME Albert Doak

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 unk

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased SEPT (Month) 30 (Day) 1875 (Year)

8. AGE: Years 72 Months 11 Days 2 If less than one day hr. min.

9. Birthplace MARISSA (City, town, or county) Illinois (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name JOHN DOAK
13. Birthplace (City, town, or county) SCOTLAND (State or foreign country)

MOTHER
14. Maiden name CATHERINE McCALL
15. Birthplace (City, town, or county) SCOTLAND (State or foreign country)

16. (a) Informant Gen. Hosp.
(b) Address K.C. mo

17. (a) 9-3-48 (Burial, cremation, or removal) (b) Date thereof 9-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation MARISSA, Illinois

18. (a) Signature of funeral director H. W. Neironers Son
(b) Address 1401 BRUSH CREEK

19. (a) 9-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 2
year 1948 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 12, 1948 to Sept. 2, 1948;
that I last saw him alive on Sept. 2, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

94a

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

23. Signature Wm. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 9-3-48

(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 Bernard L. Horan

Licensed Embalmer No. 4250

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.