

S. No. 300
M-10-47
Rev. 5-17-39
I 3906

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40102**
Registrar's No. **5328**

FILED JAN 15 1949
Registration District No. **149**

Primary Registration District No. **1002**

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:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 MONTH--4 DAYS**
In this community **26 YEARS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARIE D. DORAN**
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 **MARRIED**
6. (b) Name of husband or wife **CHARLES J. DORAN SR.**
6. (c) Age of husband or wife if alive **UNKNOWN** years
7. Birth date of deceased **DECEMBER 16 1892 1890**
(Month) (Day) (Year)

8. AGE: Years **58** Months **0** Days **12**
If less than one day hr. min.

9. Birthplace **OMAHA NEBRASKA**
(City, town, or county) (State or foreign country)
10. Usual occupation **HOUSEWIFE**

MOTHER FATHER
11. Industry or business
12. Name **WILLIAM REGAN**
13. Birthplace **BARRINGTON ILLINOIS**
(City, town, or county) (State or foreign country)
14. Maiden name **HANNAH DONNELLY**
15. Birthplace **RUNNING WATER S. DAKOTA**
(City, town, or county) (State or foreign country)

16. (a) Informant **CHARLES J. DORAN SR.**
(b) Address **713 WEST 16th STREET**
17. (a) **BURIAL** (b) Date thereof **12-31-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. ST. MARY'S CEMETERY**
18. (a) Signature of funeral director **J. J. Donnelly**
(b) Address **3256 W. MADAY**
19. (a) **12-30-48** (b) **Helding Helms**
(Date received local registrar) (Registrar's signature)

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. **713 WEST 16th STREET**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **28**
year **1948** hour minute M.
21. I hereby certify that I attended the deceased from **11/24/48** 19 **48** to **Dec 28** 19 **48**
that I last saw her alive on **December 28** 19 **48**
and that death occurred on the date and hour stated above.
Immediate cause of death **Acute Cardiac Failure**
Duration **2 da.**

Due to **Arteriosclerosis Cachexia**
Due to **Ulcerative Colitis**
Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: **Strangulated Umbilical Hernia**
Of operations
Of autopsy
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?
R. Glenn Elliott (Specify type of place) While at work (e) Means of injury **Auto**
23. Signature **R. Glenn Elliott** M. D. or other
Address **1702 Grand Blvd. Mo.** Date signed **28 Dec 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 Paul G. Rowe
.....
Licensed Embalmer No. 2347
.....
P. O. Address P. O. 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.