

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17991

State File No.

2496

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

d. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) 50 yrs.

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No 3528

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

e. STREET ADDRESS (If rural, give location) 3406 Highland

3. NAME OF DECEASED
a. (First) Julius b. (Middle) O. c. (Last) DOHMAN

4. DATE OF DEATH (Month) (Day) (Year) 5-13-53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 1-24-1878

9. AGE (in years last birthday) 75
IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Collector

10b. KIND OF BUSINESS OR INDUSTRY Public Service Co

11. BIRTHPLACE (City and State or Foreign Country) Atchison, Nebr.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Helen M. K.C. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 487-03-0055

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen M. Dohman 3406 Highland Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub Acute Meningitis, nontraumatic

ANTECEDENT CAUSES (b) Suppurative pyelonephritis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to Bilateral

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Circulatory Supply

INTERVAL BETWEEN ONSET AND DEATH
60^{min}

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
none

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Pathologist, 1953, to 1953, that I last saw the deceased alive on, 1953, and that death occurred at St. Joseph Hospital, from the causes and on the date stated above.

23a. SIGNATURE Russell W. Kerr (Degree or title) MD

23b. ADDRESS St. Joseph Hospital

23c. DATE SIGNED 14 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-16-53

24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 5-15-53

REGISTRAR'S SIGNATURE Eraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eyler, Kansas City, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Conventional

[Handwritten signature]

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. *491*.....

P. O. Address *K.C.M.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.