

RECD MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5439
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson County Registration District No. 399
 (b) Township Kansas City Primary Registration District No. 1002
 (c) City Mo. (d) Street No. 5331 Highland Ave Registered No. 628
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Duffly
 (a) Residence, No. 5331 Highland Ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No RECORD
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 FATHER 13. NAME James Duffly
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No RECORD
 MOTHER 15. MAIDEN NAME Annie Barton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No RECORD
 17. INFORMANT (ADDRESS) Sister Carmella Duffly
5331 Highland Ave.
 18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MARY'S CEM. DATE FEB 15 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK AND TOBIN Co.
KANSAS CITY, Mo.
 20. FILED 7/15 1939 mm Crow
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10th 1939
 22. I HEREBY CERTIFY That I attended deceased from Oct. 10 1938 to Feb 10 1939
 I last saw him alive on Feb 9 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocardosis
930 4 months
 Date of onset _____
 Other contributory causes of importance:
Atherosclerosis 10 years
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Paul J. Duffly M. D.
 (Address) 1402 Oregon Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.