

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

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.

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution R. C. Gen Hosp
 (d) Length of stay: In hospital or institution 21 years
 In this community 21 years

3. (a) PRINT FULL NAME Frank Daily
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Mrs. Elmer Daily
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased June 2, 1880

8. AGE: Years 59 Months 3 Days 4
 If less than one day _____ hr. _____ min.

9. Birthplace Pittsburg Kansas

10. Usual occupation none

11. Industry or business _____
 12. Name Wm Daily
 13. Birthplace Lawa
 14. Maiden name Addie Baker
 15. Birthplace Kansas

16. (a) Informant's own signature Record Clerk
 (b) Address R. C. Gen Hosp

17. (a) Removal
 (b) Date thereof Sept 10, 1939
 (c) Place: burial or cremation Arcaha Kansas

18. (a) Signature of funeral director F. W. Wagner
 (b) Address Kansas City MO

19. (a) Sept 7/39
 (b) M. M. Crowe

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 3332 Baltimore
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 6 year 1939 hour 2 minute _____
 21. I hereby certify that I attended the deceased from Aug 24 1939 to Sept 8 1939
 that I last saw him alive on Sept 8-39 and that death occurred on the date and hour stated above.

Immediate cause of death Acute general Peritonitis
 Due to Generalized Carcinomatosis

Due to Rectum: Cancer of Rectum
 Other conditions Pulmonary congestion
 (include pregnancy within 3 months of death)
Edema: Right Heart

Major findings: dilatation
 Of operations _____
 Of autopsy _____

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature P. De Maria
 Address Dept R C Gen Hosp Date signed 9-6-39

Duration _____
 4 1/2
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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

A. R. Hunschild

Licensed Embalmer No.

4062

P. O. Address

R. 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, above space should be left blank.