

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1180

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

165

1. PLACE OF DEATH:

(a) County Jackson 2
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4622 Mill Creek
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 41 years
 (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. 4622 Mill Creek
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
 year 1940 hour 8:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan. 10th
1940, to Jan. 11th, 1940;
 that I last saw him alive on Jan. 11th, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Lobar pneumonia

Duration

3 days

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

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?

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature Max Friedman (M. D. or other)Address Prof. Dept. K.C. Mo. Date signed 1-11-403. (a) PRINT FULL NAME Thomas F. Flaherty 467

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 Married

6. (b) Name of husband or wife Mrs. Leanora J. Flaherty 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 5, 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>6</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Furniture Dealer

11. Industry or business _____

12. Name Don't Know

13. Birthplace Don't Know
 (City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Max Friedman

(b) Address 4622 Mill Creek Blvd.

17. (a) Burial (b) Date thereof Jan. 13, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) Jan. 13, 1940 (b) M. M. Crove
 (Date received local registrar) (Registrar's 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Charles W. Chiles

Licensed Embalmer No. 3473

P. O. Address 76 E. 7600

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.