DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2088

Registration District No. 201 Primary Registration District No. 6-240 3 Registrar's No. 5

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: CLAY

(b) City or town: LIBERTY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: NO. (Specify whether years, months or days)

In this community: 58 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: CLAY

(c) City or town: LIBERTY MO. (If outside city or town limits, write "RURAL")

(d) Street No.: 0 EAST KANSAS (If rural, give location)

(e) If foreign born, how long in U. S. A.? 58 years.

3. (a) PRINT FULL NAME: MICHAEL SOMERS 562

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: FANNIE SOMERS

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: 3 (Month) 15 (Day) 1867 (Year)

8. AGE: Years 72 Months 9 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace: Roscommon (City, town, or county) IRELAND (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: 5

FATHER
12. Name: JAMES SOMERS
13. Birthplace: ROSCOMMON (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name: BRIDGET BRENNON
15. Birthplace: ROSCOMMON (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant's own signature: James J Mooney

(b) Address: LIBERTY MO?

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-15-40 (Month) (Day) (Year)

(c). Place: burial or cremation: FAIRVIEW LIBERTY

18. (a) Signature of funeral director: HESSEL*CARDER

(b) Address: LIBERTY MO.

19. (a) Feb 10-40 (Date received local registrar) (b) WH Shafer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1940 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb. 31, 19__, to death, 19__; that I last saw him alive on Jan 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Tumor of L Kidney — Uremia — (Duration: Indef. — 3 days)

Due to: 10

Due to: 15

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Records at Bell Memorial Hosp. Kansas City Kas.

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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: Liberty Mo Date signed 1-13-40

(Licensed Embalmer's Statement on Reverse Side)

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.....3934

P. O. Address.....119 E. Fra nklin

Liberty Mo.

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

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