S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 29 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11258

Registration District No. 404 Primary Registration District No. 5558 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Washington Twp

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

(c) Name of hospital or institution:

Kansas City Convalescent Home 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 8400 Wyoming

(If rural, give location)

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

3. (a) PRINT FULL NAME Daniel Tobin 150

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased March 2, 1866 (Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Maquon (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER 12. Name Walter Tobin

13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Julia Carrigan

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Ollie B. Welch

(b) Address 2211 E. 68th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill Cemetery

18. (a) Signature of funeral director Roe Walter

(b) Address 7406 Wornall Road

19. (a) 4-9-40 (Date received local registrar) Leo R. V. Ludey & Sons By Robert H. Kuhn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1940 hour about 5 P.M. minute P.M.

21. I hereby certify that I attended the deceased from 3-5-40, 19..., to 3-12-40, 19...; that I last saw him alive on 3-12-40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Arteriosclerosis	
Due to:	
Other conditions: Aortic regurgitation (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 F. F. DeMarsh M.D. (M.D. or other)

Address Supt. K.C. Gen. Hospital K.C. Mo. Date signed 3-16-40

(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 Harlyn Roe

Licensed Embalmer No. 7810

P. O. Address 7406 Warnall

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.