No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13982

Registration District No. 15 107399 — Primary Registration District No. 1002 — Registrar's No. 1694

1. PLACE OF DEATH:

(a) County: Jackson

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

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

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)

In this community 26 Years

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. 3421 Cleveland Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME: Mr. Harry J. Corcoran 626

3. (b) If veteran, name war: None

3. (c) Social Security No. 493-12-6155

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: February (Month) 7 (Day) 1914 (Year)

8. AGE: Years 26 Months 2 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Die Caster

11. Industry or business: Rupert Diecasting & Stamping Corp.

FATHER
12. Name: Edward Corcoran
13. Birthplace: Kansas City (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name: Etta Gibbs
15. Birthplace: Salem (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Brent Phps
(b) Address: 3421 Cleveland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 22, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 4-22-1940 (Date received local registrar) (b) M. N. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th year 1940 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar 2 1940 Apr, 19__, to Apr 20 1940; that I last saw h__ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Nephrolithiasis — Duration

Due to: Nephrostomis

Due to: 1 3 2 P

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

23. Signature: Albert Harris M. D. (M. D. or other)
Address: 319 Huron Bldg Date signed: Apr 20 1940

(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 Kenneth Page Sike

Licensed Embalmer No. 4128

P. O. Address 1309 Brush Creek K.C.

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.