No. 2
-13-40
-17-39
X23159

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

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1230

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 190

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: 4017 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1 year
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4017 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME PETER FRANCIS TYRRELL

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 Elizabeth Tyrrell

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 1, 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired Inspector

11. Industry or business Western Weighing Comm.

FATHER
12. Name David Tyrrell
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hilley
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Tyrrell
(b) Address 4017 Harrison

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/13/41 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Quirk & Tobin Co
(b) Address U. C. Inc.

19. (a) Jan 13 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1941 hour 7 minute 1 M.

21. I hereby certify that I attended the deceased from Dec 30, 1940, to Jan 8, 1941; that I last saw him alive on Jan 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senile Anemia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 E H Bullock (M. D. or other)
Address 315 Ridge Bldg Date signed 1-13-41

(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.....Harold Riley.....

Licensed Embalmer No.....4097.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.