

No. 2
1-12-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5806**
Registrar's No. **578**

MAR 14 1941
Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
(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: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
In this community **9 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **REV. William P. BROPHY**
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 **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 9 1882**
(Month) (Day) (Year)

8. AGE: Years **58** Months **7** Days **28** If less than one day hr. min.

9. Birthplace **St. Augustine, Ontario, Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **Pastor**
11. Industry or business **St. Patricks Church**

12. Name **No Record / George Brophy**
13. Birthplace **No Record / Toronto, Canada**
(City, town, or county) (State or foreign country)
14. Maiden name **No Record / Ellen O. Callahan**
15. Birthplace **No Record / Ontario, Canada**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rev. J. S. Mc Ardle**
(b) Address **St. Marys Hospital**
17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **Feb 13 1941**
(Month) (Day) (Year)
(c) Place: burial or cremation **London, Ontario, Canada**

18. (a) Signature of funeral director **Quirk & Taha Co**
(b) Address **1400 E. 12th St**
19. (a) **2/10/41** (Date received local registrar)
(b) **M. M. Crowe** (Registrar's signature)

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. **816 Cherry**
(If Rural, give location) **30 years**
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **7**
year **1941** hour **7** minute **10 P.M.**
21. I hereby certify that I attended the deceased from **April 1933** to **2-7-41**, 19**41**
that I last saw him alive on **2-7-41**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to **Coronary Sclerosis**
Due to **Hypertension**
Other conditions **gilt**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **94**
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? **da**

While at work? _____ (Specify type of office)
(b) Means of injury **0**
23. Signature **George C. Lee** (M. D. or other)
Address **1630 Prof. Bldg** Date signed **2/18/41**

Fr. Brophy

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

P. O. Address.....

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, fact should be so stated above.