

No. 2
9-4-41
5-17-39
X29484

FILED FEB 11 1942
Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:
Jackson
(a) County
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
217 East 34th St./Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 50 Years
years, months or days

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. 217 East 34th St. Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MICHAEL L. DUFFEY
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mrs. Lula Rose Duffey
(c) Age of husband or wife if alive 75 years
7. Birth date of deceased March 4 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 28
If less than one day hr. min.

9. Birthplace Hartford, Conn. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER
12. Name Luke Duffey
13. Birthplace Ireland 4 (State or foreign country)
14. Maiden name Winifred Kehoe
15. Birthplace N. Y. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kathleen Loftus
(b) Address 3420 Washington St.

17. (a) Burial (b) Date thereof 1-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director John W. Wagner
(b) Address Kansas City, Missouri

19. (a) 1-4-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1942 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 1939 to January 2, 1942
that I last saw him alive on January 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Toxemia 4 days
Due to Rt. Pyelo-nephritis 7 days
Due to Rt nephro-lithiasis 4 years probably
Other conditions (Include pregnancy within 3 months of death)
134A
134a

PHYSICIAN
Major findings: Of operations
Of autopsy: RT Pyelo-nephritis
RT nephro-lithiasis
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 Leo A. O'Brien (M. D. or other) M.D.
Address 814 Porter Alley K.C. Mo. Date signed 1-3-42

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

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 Cecil R. Mathes
Licensed Embalmer No. 3807
P. O. Address Kansas City, Mo.

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.