

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9814

State File No. \_\_\_\_\_

Registrar's No. 1235

Registration District No. 1002

Primary Registration District No. 1002

48  
83

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

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: Major Clinic-3100 Euclid  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)

In this community 35 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>048</sup>

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") <sup>3</sup>

(d) Street No. 1412 Central  
(If rural, give location) <sup>8</sup>

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ <sup>0</sup>

3. (a) PRINT FULL NAME William Walter Geraughty

3. (b) If veteran, name war World

3. (c) Social Security No. No

4. Sex Male <sup>0</sup>

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Geraughty

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct 17 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Hotel Operator

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Edward Geraughty

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

14. Maiden name Anna Cushing

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

16. (a) Informant Edna Geraughty

(b) Address 1412 Central

17. (a) Burial (b) Date thereof Mar 30 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth Kansas

18. (a) Signature of funeral director Zuercher & Taber Co

(b) Address 20 West Linwood

19. (a) 3-29-42 (b) M. H. Cramer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day March  
year 1942 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from March 20<sup>th</sup> 1942 to March 22<sup>nd</sup> 1942  
that I last saw him alive on March 26<sup>th</sup> 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage <sup>2 days</sup>

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 73a  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Herman S. Meier (M. D. or other) <sup>0</sup>

Address 3100 Euclid Ave K C Mo Date signed 3/27/42

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EP

APR 6 1942

FEB 16 1945

**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.....

*John J. Courroy*....., Registered Apprentice No. *307*  
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.**