

S. No. 2
M-9-4-41
v. 5-17-39
WI X29484

23542

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2982

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3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3340 Baltimore
(d) Length of stay: In hospital or institution X
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3340 Baltimore
(e) Citizen of foreign country? NO.

3. (a) PRINT FULL NAME Alvah Hugh O'Dowd
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 6th
year 1942 hour 10:15 minute P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena M. O'Dowd
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 10 1860

21. I hereby certify that I attended the deceased from 1940
November 1940 to Aug 6 1942
that I last saw him alive on Aug 6 1942
and that death occurred on the date of hour stated above.

8. AGE: Years Months Days If less than one day
82 0 26 hr. 28 min.

Immediate cause of death Coronary Occlusion Duration 11 hours

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

Due to Arterio Sclerosis
Hypertension 10 years

10. Usual occupation Retired

Other conditions 940
(Include pregnancy within 3 months of death)

11. Industry or business Furniture Dealer

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Ashley O'Dowd
13. Birthplace Ireland
14. Maiden name Isabel Murray
15. Birthplace Kentucky

16. (a) Informant Mrs. Lena M. O'Dowd
(b) Address 3340 Baltimore, Kansas City, Mo.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Removal (b) Date thereof 8-8-42
(c) Place: burial or cremation Weston, Missouri

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

While at work? _____
23. Signature Charles Staker (M. D. or other) MD
Address 1103 Grand Date signed 8-7-42

19. (a) 8-7-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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Dr. Chas. Tasker

Respected Billy

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

Selix Reay

Licensed Embalmer No.

H127

P. O. Address

K.C. 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.