

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Filed NOV 9 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3862

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 Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days  
(Specify whether years, months or days) 3.5 yrs

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. 2008 East 40th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ---

3. (a) PRINT FULL NAME Mr. Daniel Danahy

3. (b) If veteran, name war no 3. (c) Social Security No. 707-07-6953

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. January 26 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 8 28  
25 hr. min.

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

10. Usual occupation Clerk

11. Industry or business Chicago-Burlington & Quincy R. R.

12. Name Mathew Danahy

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

14. Maiden name Elizabeth Grety

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

16. (a) Informant Francis Tucker

(b) Address 3216 Linwood Blvd.

17. (a) Burial (b) Date thereof Oct. 22, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation St. Mary's Calvary Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-20-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th  
year 1942 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 20 6/15 P. L  
1942 to Oct 20 1942  
that I last saw him alive on Oct 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Quinine of superior medication.  
Multiple abscesses of the left lung.  
Esophageal obstruction

Due to 309  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above  
Of autopsy as above

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) (r). Means of injury  
23. Signature George Lee (M. D. or other) M. D.  
Address 1401 Brush Creek Blvd. Date signed ---

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

48  
8/10

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**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.....

*J. Virgil Henrich*

Licensed Embalmer No. *3599*.....

P. O. Address *T.C.M.*.....

**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.**