

CU NOV 1 1943
 Registration District No. **149**

Primary Registration District No. **1002**

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:
3801 Flora Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **70 years**
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3801 Flora Ave.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **John J. Tobin**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **22nd**
 year **1943** hour **8 A.M.** minute _____ M.

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced, widower** **Widower**
6. (b) Name of husband or wife **Margaret R. Tobin** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **August 23, 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 30-1941** 19____ to **Oct 22** 19**43**
 that I last saw him alive on **October 20** 19**42**
 and that death occurred on the date and hour stated above.

8. AGE: Years **75** Months **1** Days **29** If less than one day _____ hr. _____ min.

Immediate cause of death: **Coronary Sclerosis (did suddenly)** **7 months**
 Due to **Chronic Myocarditis** **2 years**
 Due to **Diabetes Mellitus** **8 years**
 Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace **Holden, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Parking Station Operator**
11. Industry or business **8th & Baltimore Ave.**

MOTHER { **12. Name** **James J. Tobin**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Alice Meagher**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Marie E. Covey**
(b) Address **3801 Flora Ave.**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** **Oct. 25, 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Mary's**

(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 _____

18. (a) Signature of funeral director **Thos. E. Quirk Funeral Home**
(b) Address **4316 Troost Ave.**
19. (a) 10-23-43 (Date received local registrar) **(b) T. E. Brown** (Registrar's signature)
1008 (Licensed Embalmer's Statement on Reverse Side)

23. Signature **Orvin Strayton** (M. D. or other) _____
304 E 12 Address _____
 Date signed **10/23/43**

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 *James J. Zwick*

Licensed Embalmer No. *3775*

P. O. Address *R. 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.