

FILED MAY 25 1944

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2178**

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: **3347 College /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX** (Specify whether
65 years
In this community years, months or days)

3. (a) PRINT FULL NAME **WILLIAM F. DWYER**
(b) If veteran, name war **No**
(c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elizabeth Dwyer** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **September 8 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **11** If less than one day hr. min.

9. Birthplace **Waltham Mass. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired contractor**
Halpin-Dwyer Const. Co.

11. Industry or business **John Dwyer**

12. Name **No Record** 9

13. Birthplace **Mary Carroll** 9
(City, town, or county) (State or foreign country)

14. Maiden name **No Record** 9

15. Birthplace **Elizabeth Dwyer**
(City, town, or county) (State or foreign country)

16. (a) Informant **3347 College**

17. (a) **Burial** (b) Date thereof **5-22-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **J. W. Wagner**
Kansas City, Mo.

(b) Address **5-20-44** (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

19. (a) **5-20-44** (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **3347 College**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19th**
year **1944** hour **10** minute **30 a. M.**

21. I hereby certify that I attended the deceased from **5-16** 19**44**, to **5-19** 19**44**
that I last saw him alive on **5-18** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **1 day**

Due to

Due to

Other conditions **- V**
(Include pregnancy within 3 months of death) **gpa**

Major findings: Of operations **V**

Of autopsy **V**

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) **No**

(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 **P. M. Quinn** (M. D. or other)
Address **1401 SW Blvd** Date signed **5-14-44**

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

MAY 29 1944

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. Matthes

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.