V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30101

State File No.

FILED SEP 22 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3637

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2821 East 11th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 2821 East 11th Street
(If rural, give location)

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

If yes, name country Ireland 11

3. (a) PRINT FULL NAME Mr Thomas FOLEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary E Foley

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October (Month) 18th (Day) 1859 (Year)

8. AGE: Years 84 Months 10 Days ~~12~~ 18 If less than one day hr. min.

9. Birthplace Carlow (City, town, or county) 4 Ireland (State or foreign country)

10. Usual occupation Watchman (Invalid) 20Yrs

11. Industry or business Budd Park

FATHER
12. Name Thomas Foley
13. Birthplace Unknown (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Unknown
15. Birthplace Unknown (City, town, or county) 4 Ireland (State or foreign country)

16. (a) Informant Mrs Mary E. Foley

(b) Address 2821 East 11th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9- 9 -44 (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Mellody-McGilley

(b) Address Kansas City Missouri.

19. (a) 9-8-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month September day 6th
year 1944 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from 8/25 1944 to 9/6 1944
that I last saw him alive on 9/6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration 2 Days

Due to Artero sclerosis

Due to Myo Carditis Chronic

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 3 d

Of autopsy

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?
(Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature D R Russell (M. D. or other)

Address 3231 E 11th Date signed 9/8/44

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3999

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.