V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22916

FILED JUL 30 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2978

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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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Josephs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month (Specify whether years, months or days)
In this community 30 YEARS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3428 Woodland 8
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NELLIE E. FEARIS
3. (b) If veteran, name war No
3. (c) Social Security No. 487-05-7297
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paris J. Fearis
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased August 24 th, 1884 (Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Smithvill, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation HTailorfe
11. Industry or business Wolf Brothers
FATHER 12. Name Michael Cavanaugh
13. Birthplace Unknown Mo. 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Delaney
15. Birthplace Unknown Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Paris J. Fearis
(b) Address 3428 Woodland K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo. Fairview Cem.
18. (a) Signature of funeral director Mellody-McGilley-Eyler
(b) Address 1800 Linwood Blvd. K.C. Mo.
19. (a) 7-17-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 th year 1945 hour 4 minute 40 A.M.
21. I hereby certify that I attended the deceased from Pathologist to 19..; that I last saw h alive on 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to Congestive cardiac disease	
Due to Bronchopneumonia (Hypostatic)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy same.	

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 0
23. Signature Paine Sherwood (M. D. coroner)
Address Pathologist St Joseph Hospital, K. C., Mo. Date signed 7-16-45

(Licensed Embalmer's Statement on Reverse Side)

Bryant Bldg.
V1.0848

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. 2999

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.