. No. 2
1—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1946

State File No. 5599

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 606

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gen Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 da (Specify whether In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town K.C. (If outside city or town limits, write "RURAL")

(d) Street No. 514 1/2 Main (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHAS FAHEY

3. (b) If veteran, name war no

3. (c) Social Security No. unk

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced unk 9

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Jan (Month) 8 (Day) 1871 (Year)

8. AGE: Years 75 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name unknown

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

MOTHER 14. Maiden name

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

16. (a) Informant Coroner's Office

(b) Address K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-10-46 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director Sebbetos

(b) Address K.C. Mo.

19. (a) 2-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4 year 1946 hour 7 05 minute P M.

21. I hereby certify that I attended the deceased from Cowen, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary insufficiency

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no History + Inspection

Duration

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 [signature] (M. D. or other) Cowen

Address 1424 [illegible] Date signed 2-6-46

(Licensed Embalmer's Statement on Reverse Side)

861

4588

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

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. Roy E Snow

Licensed Embalmer No. 2,576

P. O. Address. K 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.