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5-17-39
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4791

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

848

FILED MAR 10 1947

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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:
6614 E. 12th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 36 yrs.
years, months or days)

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. 6614 E 12th St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Anna Dailey
3. (b) If veteran, name war No
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 23
year 1947 hour 9 minute 30 A. M.

4. Sex Fem / Color or race Wh
6. (a) Single, widowed, married, divorced Div.
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 4 / 6 / 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
July 26, 1946 to Feb 23, 1947
that I last saw her alive on Feb 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cecum
Duration 1 yr.

8. AGE: Years 75 Months 10 Days 17
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) None

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Searle
13. Birthplace Liverpool, England
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Crocker
15. Birthplace Doublin, Ireland
(City, town, or county) (State or foreign country)

Major findings: Large Carcinoma of Cecum with extension to abdominal wall.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mark Dailey (son)
(b) Address 6614 E 12th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/47
(Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Cemetery

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? _____

18. (a) Signature of funeral director John P. Shell
(b) Address K C Mo.
19. (a) 2-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature James H. O'Neil (M. D.)
Address 415 Grand Date signed 2/25/47

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

Dr. Jas. O'Neill
Shukert Bldg., 2 P M

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..... *John P. Shiel*.....
Licensed Embalmer No. *3625*.....
P. O. Address *76 G 40*.....

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.