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5-17-39
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4838

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
864
Registrar's No. _____

FILED MAR 13 1948
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County... Jacks on

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

(c) Name of hospital or institution:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 20 days
5 Years (Specify whether
In this community...
years, months or days)

3. (a) PRINT FULL NAME Edward L. Garrity

3. (b) If veteran, name war... None

3. (c) Social Security No. 480-01-3434

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife... Ethel Haesemeyer 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased February 11 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 8
If less than one day hr. min.

9. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Snyderhof Hotel

12. Name... Unknown

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

14. Maiden name... Unknown

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

16. (a) Informant Mrs Edith Hall

(b) Address... 1440 E 75th Terr

17. (a) Burial (b) Date thereof 2-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Melody-McGilley-Eyler
Kansas City Missouri

(b) Address... _____

19. (a) 2-25-48 (b) Geraldine Holmes
(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. Snyderhof Hotel
(If rural, give location) No

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th
year 1948 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from 1-30-48 to 2-19-48, 19____;
that I last saw h. im alive on 2-19-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death... Ruptured aortic aneurysm

Due to... Syphilis

Due to... _____

Other conditions... _____
(Include pregnancy within 3 months of death)

Major findings: 30 2
Of operations: _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Wm W. Hall (M. D. or other) _____
Address ed. Dir. K. C. Gen. Hospital K. C. Mo. Date signed _____

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 *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *H.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.