

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16488**
Registrar's No. **2319**

FILED JUN 12 1948
Registration District No. **149**

Primary Registration District No. **1002**

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:
3024 Wayne Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether years, months or days)
In this community **3 weeks**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Kingsville, Missouri**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **XXXX**

3. (a) PRINT FULL NAME **PATRICK FRANCES REIDY**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **XXXX** 6. (c) Age of husband or wife if alive **XXXX** years
7. Birth date of deceased **August 10, 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	9	13	hr. min.

9. Birthplace **Kingsville, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**
11. Industry or business **same**

MOTHER FATHER
12. Name **Patrick Reidy** **4**
13. Birthplace **Ireland** (State or foreign country)
14. Maiden name **Johanna Marshall**
15. Birthplace **Ireland** (State or foreign country) **4**

16. (a) Informant **Mrs. M. E. Connell**
(b) Address **Kingsville, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 26, 1948**
(Month) (Day) (Year)
(c) Place: burial or cremation **Kingsville, Missouri**

18. (a) Signature of funeral director **Canaday & Ropp**
(b) Address **Holden, Missouri**

19. (a) **6-2-48** (Date received local registrar) (b) **Sheraldine Holmer** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23** year **1948** hour **1:15** minute **P** M.
21. I hereby certify that I attended the deceased from **Jan 15, 1948, to July 23, 1948**
that I last saw him alive on **May 23, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis et al**
Duration **6 weeks**
Due to **Myocarditis et al**
Due to **same**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **938**
Of operations **—**
Of autopsy **2W**
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) (c) Means of injury **—**
23. Signature **George W. Ruppel** (M. D. or other) **MD**
Address **4006 Ballantyne** Date signed **June 1/48**

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 *W. Lewis Canaday*

Licensed Embalmer No. 3434

P. O. Address Helder, 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.