

FILED MAR 24 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8411  
1010

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		c. LENGTH OF STAY (in this place) 64 yrs	
		d. STREET ADDRESS (If rural, give location) 1617 Harrison Street 32 10	

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) DAUGHERTY c. (Last) DAUGHERTY			4. DATE OF DEATH (Month) (Day) (Year) MARCH 2 1951		
5. SEX MALE 2		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY		
8. DATE OF BIRTH 1887 FEBRUARY 14 1887 64			9. AGE (In years last birthday) 64		
11. BIRTHPLACE (State or foreign country) PLATTE CITY, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME JOSEPH DAUGHERTY		13b. MOTHER'S MAIDEN NAME MARY -		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 342-07-8005		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LILLIE MAE ESTES 1617 Harrison Street	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BRONCHO PNEUMONIA UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PRIMARY EMPHYSEMA NEPHROSCLEROSIS (BENIGN) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MALNUTRITION & DEHYDRATION			INTERVAL BETWEEN ONSET AND DEATH  44 1/2
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-26-51, 19 to 3-2-51, 19 51, that I last saw the deceased alive on 2-26-51, 19 51, and that death occurred at 7:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE Frank Ellis M.D. (Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 3-5-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #2		24b. DATE 3/8/51		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 3-7-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wathens Bros. 1729 Lydia	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *J. Jerome Mantone*

Licensed Embalmer No. *3994*

P. O. Address *2533 Highland*

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.