

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

9848  
 Do not use this space.

REC'D APR 23 1938

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100 Registered No. 1313  
 (c) City Kansas City (d) Street No. 228 E 32nd St Terrace  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 228 E 32nd St Terrace (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph O. Huey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 10 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
55 7 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mfg. Candy Shop  
 9. Industry or business in which work was done, as saw mill, bank, etc. Fred Huey's  
 10. Date deceased last worked at this occupation (month and year) 1918 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

FATHER 13. NAME Thomas F. McCaffery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mr. J. O. Huey  
228 E 32nd St Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Mar. 26 1938

19. FUNERAL DIRECTOR (ADDRESS) Dionewcomis Sons  
Bushcreek + P. Ave

20. FILED Mar 25 1938 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18th, 1938, to March 23rd, 1938. I last saw her alive on March 23rd, 1938. Death is said to have occurred on the date stated above, at Home.

The principal cause of death and related causes of importance were as follows:

General Carcinomatosis (date 1937)  
50  
 Other contributory causes of importance:  
Carcinoma Rt. Breast 1936  
Extensive metastases 1937

Name of operation (1) amputation Rt. Breast Date of 27-1936  
Thyroidectomy Date of Feb. 1938  
 What test confirmed diagnosis? Cervical adenopathy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Harold M. Roberts, M. D.  
 (Address) 1103 Grand Ave., K. C., Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*John Kelly*  
*082208*  
*3-4 Friday*

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *George M. Collier*

Licensed Embalmer No. *3839*

**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.)**