

REC'D AUG 8 1938

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

24300

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. Rec. Ward, General Hosp. Registered No. 2805
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John DeHoney
(a) Residence, No. 2915 Wayne St.
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 23 1919</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>3</u>
		DAYS
		<u>18</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Laborer</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>W.P.A.</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kansas City, Mo.</u>	
FATHER	13. NAME	<u>James Dehoney</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>County Tipperrary Ireland</u>
MOTHER	15. MAIDEN NAME	<u>Mary McKenna</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>County Monahan Ireland</u>
17. INFORMANT (ADDRESS)	<u>Mrs. Mary Dehoney 2915 Wayne</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>St. Marys</u>	DATE <u>July 13 1938</u>
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>Quirk & Tobin Co. Kansas City, Mo.</u>	
20. FILED	<u>7-12 1938</u>	<u>M. M. Crowe, asst. Local Registrar.</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>July 11 1938</u>
22. I HEREBY CERTIFY that I attended deceased from	<u>Deputy Coroner</u>
I last saw deceased on the date stated above, at <u>7:30 a.m.</u>	Death is said to have resulted from the principal cause of death and related causes of importance were as follows:
<u>Acute lye poisoning</u>	
Date of onset	<u>163</u>
Other contributory causes of importance:	
Name of operation	Date of operation
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide	Date of injury <u>7-11-38</u>
Where did injury occur?	Specify city, town, county, and State
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	<u>Drank lye</u>
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	
If so, specify	(Signed) <u>Walter B. Walker M. D.</u>
(Address)	<u>Law 1000 N. P. Mo</u>

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 XI 1028

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.