

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.

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

DEC 13 1938

41748  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 100  
(c) City Kansas City (d) Street No. 4642 Wornall Road Registered No. 4814 St.  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James F. Kilduff  
(a) Residence, No. 4642 Wornall Road 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				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>December 9, 1938</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine C. Kilduff</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov</u> , 193 <u>6</u> , to <u>Dec 9</u> , 19 <u>38</u> I last saw him alive on <u>12/9</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>A.</u> m. <u>7:30</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral Arteriosclerosis</u> <u>Pneumo</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23, 1867</u>				Date of onset <u>12-9-38</u>	
7. AGE	YEARS <u>71</u>	MONTHS <u>4</u>	DAYS <u>16</u>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired Banker</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>Ohio</u>					
FATHER	13. NAME <u>John F. Kilduff</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
MOTHER	15. MAIDEN NAME <u>Elizabeth Tracy</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
17. INFORMANT <u>John Kilduff (Son)</u> (ADDRESS) <u>4642 Wornall Road, Kansas Cy., Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul, Minn.</u> DATE <u>Dec. 10, 1938</u>					
19. FUNERAL DIRECTOR <u>Stine &amp; McClure</u> (ADDRESS) <u>Kansas City, Missouri.</u>					
20. FILED <u>Dec 10 1938 M. M. Crowe</u> Local Registrar.					
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? <u>No</u> If so, specify _____ (Signed) <u>Harold J. Zuber</u> , M. D. _____ (Address) <u>608 Prof. Bldg</u>					

*Prof. Davis*  
*2 B m*

*for journal*

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**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.....

Licensed Embalmer No.....

**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.)**