

REC'D AUG 7 1939

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

24713  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399  
(b) Township Kear Primary Registration District No. 1002 Registered No. 2936  
(c) City Kansas 1 (d) Street No. 2709 Guenotte 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

(a) Residence, No. 2709 Guenotte St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
48 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rail Road  
9. Industry or business in which work was done, as saw mill, bank, etc. Switchman  
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) Brooklyn N.Y.

FATHER 13. NAME Patrick Dooley 5  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Margretha Sulavran  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Rose A. Dooley  
(ADDRESS) 2550 E 19 Brooklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brooklyn N.Y. DATE July 20 39

19. FUNERAL DIRECTOR (NAME) Wm. Danigan & Son  
(ADDRESS) 201 Park W. Brooklyn N.Y.

20. FILED July 19, 1939 M. M. Coover  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1939

22. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19.....  
I last saw him/her alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:  
Heart Attack  
arteriosclerosis

Other contributory causes of importance: 920  
Name of operation ..... Date of .....  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes  
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?  
If so, specify .....

(Signed) Russell W. ... M. D.  
(Address) ...

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.

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**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.**