S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5287

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 512

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: 0

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits write "RURAL")
(d) Street No.: 3311 Garfield
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Vincent Henry Daly
3. (b) If veteran, name war: ____
3. (c) Social Security No.: ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Child
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Aug 20, 1939 (Month) (Day) (Year)
8. AGE: Years ____ Months 5 Days 13 If less than one day ____ hr. ____ min.
9. Birthplace: Kansas City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: 0
11. Industry or business: 1
MOTHER FATHER
12. Name: Thomas J. Daly Jr.
13. Birthplace: St Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Catherine Dulle
15. Birthplace: Kansas City, Kas. (City, town, or county) (State or foreign country)
16. (a) Informant: Thomas J. Daly Jr.
(b) Address: 3311 Garfield
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 5, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: St Marys Cemetery
18. (a) Signature of funeral director: Thomas E. Quirk
(b) Address: 4316 Troost Ave
19. (a) Feb. 4, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd year 1940 hour 8.45 A.M. minute ____ M.
21. I hereby certify that I attended the deceased from Feb 2, 19__, to Feb 3, 19__; that I last saw him alive on Feb 3, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Interstitial pneumonia diffuse both lungs	
Due to: Streptococcus	
Due to: 108	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: none
Of autopsy: as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): ____
(b) Date of occurrence: None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? ____ (e) Means of injury: 1
23. Signature: Vincent D. Wallace M.D. (M. D. or other)
Address: 736 Angyle Blvd. Date signed: Feb 3

(Licensed Embalmer's Statement on Reverse Side)

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.