

No. 2
-13-40
-17-39
X23159

SEP 5 1940 399
Registration District No. _____

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1332 East 30th 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 30 years
years, months or days)

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. 1332 East 30th
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME JOSEPH A. DUANE 500

3. (b) If veteran, name war No
3. (c) Social Security No. 494-16-7552

20. DATE OF DEATH: Month Aug 7 day _____
year 1940 hour 09 minute 15 A M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from April 15 A
1938 to Aug 7 1940
that I last saw him alive on Aug 7
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Mabel Duane
6. (c) Age of husband or wife if alive 54 years

Immediate cause of death angina pectoris
Duration 2 yrs.

7. Birth date of deceased December 9, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>7</u>	<u>28</u>	hr. min.

Due to coronary sclerosis 9 1/2 yrs.

9. Birthplace Norborne, Missouri 0
(City, town, or county) (State or foreign country)

Due to lymphoma 2 yrs.

10. Usual occupation W. P. A.

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Michael Duane

Major findings:
Of operations _____

13. Birthplace Ireland 5
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

Of autopsy _____

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Duane

(b) Address 1332 East 30

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 8/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(c) Place: burial or cremation Memorial Park

(b) Date of occurrence _____

18. (a) Signature of funeral director Durk & Fisher Co.
(b) Address M. C. Co.

(c) Where did injury occur? _____
(City or town) (County) (State)

19. (a) Aug. 11, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

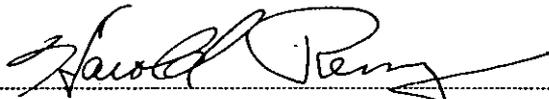
While at work? _____ (Specify type of place)
(e) Means of injury 1

23. Signature Joseph A. Duane (M. D. or other)
Address 3506 Benton Blvd Date signed 8/18/40

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. 4097

P. O. Address KC, Mo.

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, fact should be so stated above.