FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1138

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 98

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: 815 Archibald / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 78 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. 815 Archibald (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Michael Kirk Torpey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Torpey

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct. (Month) 8 (Day) 1862 (Year)

8. AGE: Years 78 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired Laborer

11. Industry or business

FATHER
12. Name Torpey
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature H. T. Torpey

(b) Address 1017 Locust, K. C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-8-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Wamego, Kansas

18. (a) Signature of funeral director J. F. O'Donnell Co

(b) Address 3256 Broadway, K. C. Mo.

19. (a) Jan 7, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan. 12 day 6 02 A. year 1941 hour minute M.

21. I hereby certify that I attended the deceased from ~~[illegible]~~ March, 1941, to Jan 6, 1941; that I last saw him alive on 1/6 1941; and that death occurred on the date and hour [illegible]

Immediate cause of death Hypostatic Pneumonia — Duration 14 da

Due to Lagrippe 93.6

Due to

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

Major findings:
Of operations
Of autopsy

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

(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 0

23. Signature Chas S Fry (M. D. ~~or other~~)

Address 538 Lee Bldg K.C.C. Date signed 1/7/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Park G Rowe

Licensed Embalmer No. 2347

P. O. Address Tr C. 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, above space should be left blank.