FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1258

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 218

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: Park Central, 300 E. Armour (If not in hospital or institution, write street number or location) 1

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

In this community 15 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. Park Central, 300 E. Armour (If rural, give location) 0

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

3. (a) PRINT FULL NAME Catherine Angela Joyce

3. (b) If veteran, name war No

3. (c) Social Security No. 495-05-0623

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased August (Month) 27 (Day) 1918 (Year)

8. AGE: Years 22 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Seattle (City, town, or county) Washington (State or foreign country) 1

10. Usual occupation Swichboard Operator

11. Industry or business

FATHER
12. Name Peter J. Joyce
13. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Mary Whalen
15. Birthplace Kansas City, (City, town, or county) Kansas (State or foreign country) 1

16. (a) Informant's own signature Mrs. Madeline Weir

(b) Address Chase Hotel, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary, K. C. Kan.

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

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

19. (a) Jan 15, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14 year 41 hour 5 minute 12 M.

21. I hereby certify that I attended the deceased from Arrow, 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral stenosis - Acute pulmonary edema

Due to

Due to 92 Pa

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See Above

Duration

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 3

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed [illegible]

(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.

Rev. 5-17-39 1 X19511

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 Paul G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. 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.