

APR 15 1941

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 9755  
Registrar's No. 1164

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: St. Mary's Hospital 0  
(d) Length of stay: In hospital or institution 50 years  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3722 Highland 0  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Henry Larkin  
3. (b) If veteran, name war  
3. (c) Social Security No. 486-05-4103

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 20  
year 1941 hour 8 PM minute M.

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Blenda Larkin  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased March 30, 1873

21. I hereby certify that I attended the deceased from 3-9-41  
19 to 3-20-41 1941  
that I last saw him alive on 3-20-41  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
67 11 20 hr. min.

Immediate cause of death  
Arteriosclerotic Heart Disease  
Coronary Artery Occlusion 11 days

9. Birthplace Plainville, Illinois /  
(City, town, or county) (State or foreign country)

Due to 11/61  
Due to  
Other conditions: Quality of life  
(Include pregnancy within 3 months of death)

10. Usual occupation Asst. Stereotype Foreman  
11. Industry or business Kansas City Star

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy

MOTHER FATHER  
12. Name Henry Larkin  
13. Birthplace Ireland  
14. Maiden name Mary Lyons  
15. Birthplace Ireland

16. (a) Informant Mrs. Blenda Larkin  
(b) Address 3722 Highland  
17. (a) Burial (b) Date thereof 3/22/41  
(c) Place: burial or cremation Forest Hill

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

18. (a) Signature of funeral director Quirk & Tolin Co.  
(b) Address K. C.  
19. (a) 3/21/41 (b) M. M. Crowe

23. Signature [Signature] (M. D. or other) M.D.  
Address 311 1/2 Bldg Date signed 3-21-41

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

18  
3300

**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..... *Harold Perry*.....

Licensed Embalmer No. *4097*.....

P. O. Address..... *20 W Limwood*.....

**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.**