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4-41
7-39

FILED JUL 7 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 20 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. 403 East 27th St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1941 hour 12 minute 10 P. M.
21. I hereby certify that I attended the deceased from 5-29-41 19____, to 6-3-41 19____;
that I last saw him alive on 6-3-41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy None
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Joseph Doolan

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 26 - 1889
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 10 If less than one day hr. _____ min. _____

9. Birthplace no (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name unknown

13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph W. Doolan Jr
(b) Address 403 E. 27th

17. (a) burial (b) Date thereof June 5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mariah

18. (a) Signature of funeral director J. S. Walton
(b) Address 2738 Prospect

19. (a) 6/4/41 (b) M. M. Coover
(Date received local registrar) (Registrar's signature)

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?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Querry R. Thorn (M. D. or other) 0
Address Med. Dir. K.C. Gen. Hospital Date signed 6-3-41

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

MOTHER FATHER

JUL 12 1941

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.....

F. S. Walton

Licensed Embalmer No. *2744*

P. O. Address *2738 Prospect*

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.