

S. No. 2
4-13-40
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23978**
Registrar's No. **2517**

Registration District No. **399**

Primary Registration District No. **1002**

048
863

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3232 East 30th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **41 Years** / (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Edmund J. DALEY**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 0

5. Color or race **White** 0

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

6. (b) Name of husband or wife **None**

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

7. Birth date of deceased **August 6th 1895**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	10	26	hr. min.

9. Birthplace **County Cork Ireland** 4
(City, town, or county) (State or foreign country)

10. Usual occupation **Invalided At Home**

11. Industry or business

MOTHER FATHER {

12. Name **Michial P. Daley**

13. Birthplace **Ireland** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Mulney**

15. Birthplace **Ireland** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Aileen Daley**

(b) Address **3232 East 30th Street**

17. (a) **Burial** (b) Date thereof **& 7-4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **Melody McGilley**

(b) Address **Kansas City Missouri**

19. (a) **7-3-41** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **3232 East 30th Street**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **41 Years** 0 years.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2nd**
year **1941** hour **6** minute **30** A.M.

21. I hereby certify that I attended the deceased from **June 16**, 19**41**, to **July 2**, 19**41**;
that I last saw him alive on **July 1**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Nephritis**

Due to **Broncho pneumonia**

Due to **107**

Other conditions **107**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
4 days
2 weeks

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?

While at work? (Specify type of place)
(f) Means of injury

23. Signature **John M Powers** (M. D. or other) **DMD**
Address **3222 1/2 E 27th** Date signed **7/2/41**

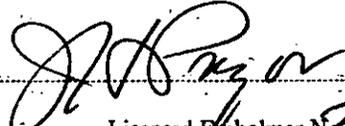
STATEMENT BY LICENSED EMBALMER

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. 267

working under my personal supervision.

Signed.....


..... Licensed Embalmer No. 2999

..... P. O. Address..... KS

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.