

S. No. 2
-1-4-41
. 5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30529

FILED OCT 13 1941

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3286

4838

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

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:
5524 Virginia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 58 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 042

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5524 Virginia 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ D

3. (a) PRINT FULL NAME Thomas Feeley

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years 66 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Water Dept.

MOTHER FATHER { 12. Name Daniel Feeley Ireland 11

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

14. Maiden name Nora Lenihan

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

16. (a) Informant Mrs. Michael Waters

(b) Address 1618 West 59th

17. (a) Burial (b) Date thereof Sept. 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Charles H. Talbot 10

(b) Address 212 West 25th

19. (a) 2/4 (b) M. N. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 30
year 1941 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from August 13th 1941 to August 30 1941
that I last saw him alive on August 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Due to Generalized Arteriosclerosis

Due to Coronary Thrombosis 10
10
Other conditions Coronary Thrombosis 10a
(Include pregnancy within 3 months of death)
Congestive Heart Failure

Major findings:
Of operations none
Of autopsy none 938

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 None (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 G. A. Roy (M. D. or other) M.D.
Address 1002 Angyle Bldg. Date signed 9/3/41

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.....
working under my personal supervision.

Signed.....

Harold Perry

Licensed Embalmer No.....

40957

P. O. Address.....

KC 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, fact should be so stated above.