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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

Registration District No. 349

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9741

Primary Registration District No. 1002

Registrar's No. 1071

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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:
4118 Tracy Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 4118 Tracy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dennis J. McCARTHY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ada McCarthy

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January (Month) 27 (Day) 1868 (Year)

8. AGE: Years 74 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Feed & Grain Business

FATHER
12. Name Edward McCarthy
13. Birthplace Unkown (City, town, or county) Unkown (State or foreign country) 9

MOTHER
14. Maiden name Catherine Kearney
15. Birthplace Nnknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs Ada McCarthy (wife)
(b) Address 4118 Tracy Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42- (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri

19. (a) 3/15/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1942 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-5-42 to 3-13-42, 19..., to ..., 19...; that I last saw him alive on 3-13-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial, Bilateral

Due to —

107 —

Due to —

Other conditions None known to me
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy none obtained

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 0

23. Signature E. J. Monahan (M. D. or other)
Address 311 Argyle Bldg Date signed 3/14/42

(Licensed Embalmer's Statement on Reverse Side)

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 KC

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.