

S. No. 2
A-1-4-41
y. 5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10556

State File No. _____

FILED APR 15 1942
Registration District No. 197

Primary Registration District No. 5276 A

Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2120 Clay
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 82 years
years, months or days

3. (a) PRINT FULL NAME JOHN WILLIAM DWYER
3. (b) If veteran, name war no
3. (c) Social Security No. NO

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Martha FRANCES Stevenson alive _____ years
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased May 29, 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 4
If less than one day _____ hr. _____ min.

9. Liberty, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Dwyer
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Galvin
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Best, (daughter)
(b) Address 2120 Clay, North K. C.

17. (a) Burial (b) Date thereof 3-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence Cem.
18. (a) Signature of funeral director _____
(b) Address Morton Funeral Home
North Kansas City, Mo.

19. (a) Mar 5-1942 (b) Arch J. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1942 hour 12:53 minute _____ A. M.
21. I hereby certify that I attended the deceased from Feb 15
1942 to Feb March 3 1942
that I last saw him alive on March 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Arteriosclerosis, senility,
Arteriosclerosis, Heart disease.
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
107

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) (a) Means of injury _____
23. Signature _____ (M. D. or other)
Address _____ Date signed 3-5-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-14-42

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 _____

Harold L. Posson

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. 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.