U. S. No. 2
M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
U. S. BUREAU OF THE CENSUS

FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13391

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1578

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: Saint Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2Weeks (Specify whether years, months or days)

In this community: 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 639 W. Charles St. Rt#5 1
(If rural, give location) Indep, Mo.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Martin James Duffy

3. (b) If veteran, name war: Civil.

3. (c) Social Security No. None

4. Sex: Male 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mary Duffy

6. (c) Age of husband or wife if alive: Deceased

7. Birth date of deceased: March 1, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	1	20	hr. min.

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

10. Usual occupation: Retired

11. Industry or business: Stone Mason

FATHER
12. Name: Thomas Duffy
13. Birthplace: Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Bridget Kelly
15. Birthplace: Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Frank Duffy

(b) Address: 639 W. Charles St. Rt#5. Indep.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 23, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Marys Cem. K.C. Mo.

18. (a) Signature of funeral director: Ott and Mitchell

(b) Address: 310 N. Main Independence, Mo.

19. (a) 4-22-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 4-12- 1942, to 4-21- 1942, that I last saw him alive on 4-21-42, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Arteriosclerosis

Due to: Cerebral Thrombosis

Due to: Myocarditis Auricular Fibrillation

Other conditions (Include diseases of pregnancy): Gangrene of left foot

Major findings of operation: Leg Amp. Arch

Of autopsy: Arterosis Femoral and Embolism

Duration: P; 1; 15 1 B

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external cause (violence) fill also the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

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

23. Signature: (M.D. or other) M. D.

Address: 1034 Rialto Bldg. Date signed: 4-22-42 K.C. Mo.

5 61 (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 Me, Registered Apprentice No., working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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.