S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

20199

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2621

**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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-4-42-7-5-42 (Specify whether
In this community 5 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jackson 4
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1913 Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MELVIN CAHILL

3. (b) If veteran, name war: no

3. (c) Social Security No. 490-16-1342

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Laura Cahill

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: September (Month) 4 (Day) 1885 (Year)

8. AGE: Years 56 Months 10 Days 1 If less than one day hr. min.

9. Birthplace: Poteau (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation: W. P. A.

11. Industry or business:

FATHER
12. Name: Alfred Cahill
13. Birthplace: Don't Know (City, town, or county) Okla (State or foreign country)

MOTHER
14. Maiden name: Clara
15. Birthplace: Don't Know (City, town, or county) Okla (State or foreign country)

16. (a) Informant: Record Clerk
(b) Address: General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: West Appleton Jones
(b) Address: 1905 Vine St

19. (a) 7-9-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 5 year 1942 hour 10 minute 45 p. m.

21. I hereby certify that I attended the deceased from July 4, 1942 to July 5, 1942 that I last saw h. 1m alive on July 5, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia | |
| Due to: Chronic Glomerular Nephritis | |
| Due to: Hypertension 131 B | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy: Same as above | |

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

23. Signature: [illegible] (M. D. or other)
Address: Gen. Hosp. #2-600 E. 22 Date signed 7-7-42

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1942

42
56
98

42
14
57

**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 C. F. West

Licensed Embalmer No. 2710

P. O. Address R. 2710.

**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.**