

FILED AUG 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23485

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2863

48
3
8
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:
3337 Baltimore
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 7-64 years
years, months or days

3. (a) PRINT FULL NAME DANIEL LUCITT
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Male White
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 18 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>10</u>	<u>10</u>	hr. _____ min.

9. Birthplace Kansas City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk (Retired)

11. Industry or business American Roofing Co.

12. Name Daniel Lucitt

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

14. Maiden name Bridget Dailey

15. Birthplace Jefferson City, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret C. Smith
 (b) Address 3337 Baltimore

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof July 31 1942
(Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Wm. J. Tobin

(b) Address 20 West Linwood

19. (a) 7-29-42
(Date received local registrar) (b) m m Crowe
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
 (d) Street No. 3337 Baltimore
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day July
 year 1942 hour 7:50 minute A M.

21. I hereby certify that I attended the deceased from 7-24, 1942, to 7-28, 1942
 that I last saw him alive on 7-27, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Probable malignant
colitis "chronic" 46E
Duration

Due to Probable malignant
"of colon"
 Due to 46E

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

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

23. Signature J. S. Bunker (M. D. or other)
 Address City Date signed 7-28-42

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.....

working under my personal supervision.

John J. Couray

Registered Apprentice No. *307*

Signed.....

Harold Perry

Licensed Embalmer No. *1097*

P. O. Address.....

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.