

FILED JAN 11 1943

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4923

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:
3303 East 19th Street Terrace /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 46 years

3. (a) PRINT FULL NAME HARRY G. DALY

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bridget Ann 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 22, 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Contractor

11. Industry or business retired

12. Name Jeremiah Daly

13. Birthplace Lockland Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Robinson

15. Birthplace Conn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. S. Daly

(b) Address 3303 East 19th St. Terrace

17. (a) Burial (b) Date thereof 1/2/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Robin, Co.

(b) Address 20 West Linwood

19. (a) 12-31-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3303 East 19th St. Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th
year 1942 hour 4: minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 29, 1942 to Dec 30, 1942
that I last saw him alive on Dec 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Coronary atherosclerosis of
arteries

Other conditions Old age 46 1/2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: no

(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 James J. Ferguson (M. D. or other)

Address 410 Bay and Blvd Date signed 1/2/1943

4F
M
C

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 21 1914

No

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.....

John J. Quinn

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Charles M. Quinn

Licensed Embalmer No.....

P. O. Address.....

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.