

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39662

State File No. _____

FILED DEC 18 1942

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4607

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lake Side Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hrs
(Specify whether years, months or days) 20 hrs

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. 1318 Lake St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Buckley Egly

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or Caucasian 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 Dec 9 - 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 20 hr. — min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Egly
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Buckley
15. Birthplace Kans
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Beulah Buckley
(b) Address 1318 Lake St

17. (a) Burial (b) Date thereof Dec 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C. R. Foster
(b) Address 918 Broadway

19. (a) 12-11-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 9th 1942 to Dec 10th 1942
that I last saw him alive on Dec 9th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death paralytic Respiratory muscles 24hrs

Due to congenital

Due to 1610

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration

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 5

23. Signature K. J. Farwell (M. D. or other) DO
Address 406 Westminster Bldg Date signed 12-10-42

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

Mr. James
Mullins
31 - 1000

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 Jas E. Hunter
Licensed Embalmer No. 1621
P. O. Address Kansas City 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.