U. S. No. 2
10M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1211
162

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: 811 Bales Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 28 Years years, months or days)

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.: 811 Bales Court
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): U
If yes, name country

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3
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3. (a) PRINT FULL NAME: BRIDGET B. McGUIRE

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

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

6. (b) Name of husband or wife: Michael
6. (c) Age of husband or wife if alive: 68 Ye years

7. Birth date of deceased: June 1, 1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	7	9	hr. min.

9. Birthplace: Decatur (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: John Doyle
13. Birthplace: Ireland (City, town, or county) (State or foreign country)

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

16. (a) Informant: Michael McGuire
(b) Address: 811 Bales Court
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/12/1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Quirk & Dolan Co.
(b) Address: 20 West Linwood
19. (a) 1-12-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th year 1943 hour 2: minute 10 A M.

21. I hereby certify that I attended the deceased from Dec 25, 1942 to Jan 10, 1943 that I last saw her alive on January 9, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary oedema	1 day
Due to: Left lobar Pneumonia with infarction	14 days
Due to: Left Pulmonary embolus	16 days
Other conditions (Include pregnancy within 3 months of death): Diabetes	6 yrs.

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Major findings:
Of operations:
Of autopsy: No

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: Leo A. O'Brien (M. D. or other) M.D.
Address: 413 Argyle Bldg. K.C. Mo. Date signed 1-11-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Charles M Zirk

Licensed Embalmer No. 3774

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.