No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

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State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 762

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 32 yrs.

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 1132 Montgall (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: Patrick Taaffe
3. (b) If veteran, name war: no
3. (c) Social Security No.: 486-10-7409
4. Sex: Male
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Stella A.
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: Oct. (Month) 13 (Day) 1876 (Year)
8. AGE: Years 66 Months 3 Days 29 If less than one day hr. min.
9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: time Keeper.
11. Industry or business: K.C. Power & Lt. Co.
MOTHER FATHER
12. Name: Thomas Louis Taaffe
13. Birthplace: (City, town, or county) Ireland (State or foreign country)
14. Maiden name: Bridget Barley
15. Birthplace: (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Stella A. Taaffe.
(b) Address: 1132 Montgall.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's
18. (a) Signature of funeral director: Zink & Robin.
(b) Address: 20 W. Linwood
19. (a) 2-13-43 (Date received local registrar) (b) M. M. Cramer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th year 1943 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from 2-2-43, 19__, to 2-12-43, 19__; that I last saw him alive on 2-12-43, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic coma	
Due to: Diabetes mellitus	
Due to: 61	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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: D.R. Thorne M.D. (M.D. or other)
Address: Med. Dir. K.C. Gen. Hospital Date signed:

(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.....

Licensed Embalmer No.....

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.