V. S. No. 2
OM—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9324

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1518

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: 4011 Charlotte Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether In this community 15 Years years, months or days)

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. 4011 Charlotte Street
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country ------ 1

3. (a) PRINT FULL NAME Mr. Joseph Thirlwell

3. (b) If veteran, name war No

3. (c) Social Security No. 491-22-0654

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Mary E. Thirlwell

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 7 (Day) 1864 (Year)

8. AGE: Years 79 Months 0 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Cumberland County (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Miner

11. Industry or business Retired

FATHER
12. Name Joseph Thirlwell
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Jennie Fisher
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs Fred E Taylor
(b) Address 4028 College

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-29-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 22, 1943, to Mar 26, 1943 that I last saw him alive on Mar 25, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure.	
Due to Ch. Myocarditis — 9325	(?)
Due to Ch. Non Tb. Pulmonary Emphysema & Bronchitis	Several years.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Glen H Broyles (M. D. or other) M.D.

Address 1232 Prof. Bldg Date signed 3/26/43

561

(Licensed Embalmer's Statement on Reverse Side)

1232 [redacted] Professionals Bldg.
11-4:30

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address Kcmo.

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.