

S. No. 2
1-4-41
17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17038

State File No. _____

FILED JUN 7 1943

Registrar's No. 2164

Registration District No. 249

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
 (a) County Kansas City
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 914 Linwood
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Kansas City 48
 (If outside city or town limits, write "RURAL")
 (d) Street No. 914 Linwood 43
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes name country _____

3. (a) PRINT FULL NAME McGUIRE - PHILIP J.
 3. (b) If veteran, name war no
 3. (c) Social Security No. 496-16-1499

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month may day 7
 year 1943 hour 4:50 minute P M.

4. Sex Male
 5. Color of race Wh
 6. (a) Single, widowed, married, divorced DIVORCED
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____ to _____, 19____
 that I last saw _____
 and that death occurred on the date and hour stated above.

7. Birth date of deceased _____ (Month) (Day) (Year)
 8. AGE: 54 Years Months Days If less than one day hr. min.

Immediate cause of death: Gunshot wound of head - 164c
 Due to _____
 Due to _____

9. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

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

10. Usual occupation _____
 11. Industry or business Detective
 12. Name Daniel Mc Guire
 13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Connor
 15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy Inspection and history
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Kelly Cox
 (b) Address 2636 Madison
 17. (a) Burial (Burial, cremation, or removal) Chicago Ill
 (b) Date thereof 5-12-43 (Month) (Day) (Year)
 (c) Place: burial or cremation
 18. (a) Signature of funeral director Suddarth
 (b) Address _____
 19. (a) 5-10-43 (Date received local registrar)
 (b) M. M. Brown (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence May 7 1943
 (c) Where did injury occur? Kansas City Jackson Mo (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home
 While at work _____ (Specify type of place)
 (e) Means of injury Gunshot
 23. Signature Dr. E. W. Washer (M. D. or other) M.D.
 Address 234 E. McCoy Date signed 5/9/43

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

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.....

R. J. [Signature]

Licensed Embalmer No.....

2806

P. O. Address.....

4900 Troost

K. C. [Signature]

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.