V. S. No. 2
0M—9-4-41
. 5-17
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. F 31912

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3856

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

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hrs (Specify whether
In this community 18 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2834 Harrison
(If rural, give location)

(e) Citizen of foreign country? – (Yes or No)
If yes, name country – 0

3. (a) PRINT FULL NAME John Vail

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced N. B.

6. (b) Name of husband or wife —

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

7. Birth date of deceased 9 (Month) - 5 (Day) - 43 (Year)

8. AGE:

Years	Months	Days	If less than one day
–	–	–	18 hr. 6 min.

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

10. Usual occupation N. B.

11. Industry or business

FATHER
12. Name John Lawrence Vail, Jr.
13. Birthplace River Forest (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Jo Manahan
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John L. Vail, Jr.
(b) Address 2834 Harrison

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Huck + Cobin
(b) Address 20 W Linwood

19. (a) 9-7-43 (Date received local registrar) (b) T. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1943 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from Sep 5-43, 19 to Sep 5-43, 1943; that I last saw him alive on Sep 5-43, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature delivery	4 days
Due to	
Due to 159	
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 0

23. Signature Leo A. O'Brien (M. D. or other) MD

Address 1002 Argyle Date signed 9-5-43

(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.....

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.