V. S. No. 2
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ev. 5-17-39
o. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1944

Dr Owen Krueger Argyle Bldg

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9542

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1527

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Convalesant Home 3660 Summit 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Kansas City Missouri 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 5147 Brookwood 8
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Mr John P. Lafferty

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Bridgett Lafferty

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

7. Birth date of deceased: May (Month) 3rd (Day) 1858 (Year)

8. AGE: Years 85 Months 10 Days 2 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation: Retired Grocer

11. Industry or business: Grocery Store Owner

FATHER
12. Name: John Lafferty
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name: Mary Walpole
15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant: Frank L Lafferty
(b) Address: 5729 Woodland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4- 10-44 (Month) (Day) (Year)
(c) Place: burial or cremation: St Mary's Cemetery

18. (a) Signature of funeral director: Mellody-McGilley
(b) Address: Kansas City Missouri

19. (a) 4-6-44 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1944 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 15, 1944, to March 5, 1944 that I last saw him alive on March 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	3 mo
Due to: Chronic Myocarditis	2 years?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 93d

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: Orin Krueger M.D. (M. D. or other)
Address: 304 E 12 Date signed: 4/6/44

(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. 2999

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.