

FILED SEP 7 1944

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002 -

Registrar's No. 3396

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3-14-44-8-14-44  
(Specify whether  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1517 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WESLEY DAUGHERTY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary E. Daugherty  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased May 27 1886  
(Month) (Day) (Year)

20. DATE OF DEATH: Month August day 14  
year 1944 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from March 14  
1944 to August 14 19 44  
that I last saw him alive on August 14 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

Duration

8. AGE: Years 58 Months 8 Days 17  
If less than one day hr. min.

Due to Cachexia

Due to \_\_\_\_\_

9. Birthplace Shreveport Parish La. 1  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 12/4/41

Major findings: Of operations \_\_\_\_\_

PHYSICIAN

Of autopsy Same as above

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Frank Daugherty  
13. Birthplace La. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah ?  
15. Birthplace La. 1  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Record Clerk  
(b) Address Gen. Hosp. #2  
17. (a) burial (b) Date thereof Aug. 18 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Cemetery

While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Watkins Bros.  
(b) Address 1729 Julia  
19. (a) 8-18-44 (b) W. E. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Brown (M. D. or other) \_\_\_\_\_  
Address Gen. Hosp. #2 600 E. 22nd Date signed 8-18-44

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

48  
3  
8

**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 *D. J. Minlove*  
Licensed Embalmer No. *3994*  
P. O. Address *2503 Highland*

**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.**