V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33086
State File No.

FILED OCT 24 1944
Registration District No. 1009

Primary Registration District No. 1002

Registrar's No. 4023

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:
3636 Walnut Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 12 Years

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")

(d) Street No. 3636 Walnut Street 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Peter Daley

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Jennie M. Daley

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. (Month) 12 (Day) 1875 (Year)

8. AGE: Years 69 | Months 7 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace Seaforth, Ontario (City, town, or county) Canada (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business Rail Road Engineer

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

MOTHER
14. Maiden name Kathryn Knowles
15. Birthplace (City, town, or county) England (State or foreign country) 11

16. (a) Informant Mrs. Jennie M. Daley 1
(b) Address 3636 Walnut Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo, Iowa

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 10-7-44 (Date received local registrar) (b) T. E. Barr (US) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th
year 1944 hour ___ minute 5 p.m.

21. I hereby certify that I attended the deceased from Oct 7, 1944, to ___, 19__; that I last saw him alive on Oct 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	10 min.
Due to arteriosclerosis	5 yrs.
Due to age	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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 M. P. Carebolt M.D. (M. D. or other)
Address 4000 Baltimore K. C. Mo Date 10/8/44

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(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 Elmer C. Wedekin

Licensed Embalmer No. 3495

P. O. Address K. C. Mo.

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.