. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33191
State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4282

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days 0 (Specify whether years, months or days)
In this community: 45 yrs Further

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.: 4336 E. 56 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frank Dwyer
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Dora
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: 12 (Month) 5 (Day) 1869 (Year)

8. AGE: Years 74 Months 10 Days 20 If less than one day hr. min.

9. Birthplace: Westerset (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Retired 4 yrs
11. Industry or business: grocer
FATHER 12. Name: Dwyer
FATHER 13. Birthplace: Vel (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unk
MOTHER 15. Birthplace: unk (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Dora Dwyer
(b) Address: 4336 E 56th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove KCK
18. (a) Signature of funeral director: Newcomer
(b) Address: 1401 Brush Creek
19. (a) 10-26-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1944 hour 12 minute 20 A.M.
21. I hereby certify that I attended the deceased from Oct. 18, 1944 to Oct. 25, 1944 that I last saw him alive on Oct. 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute pulmonary embolism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: See above

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: A. E. Walker (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 10-26-44

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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 H C Newcomer Jr

Licensed Embalmer No. 4043

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.