. No. 2
M—2-43
5-17-39
·I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 39985

Registrar's No. 4895

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: 3425 Locust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 months
In this community: 7 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson, 47
(c) City or town: Kansas City, 7
(If outside city or town limits, write "RURAL")
(d) Street No.: 3425 Locust 5
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: cx 0

3. (a) PRINT FULL NAME: Edward M. Behan

3. (b) If veteran, name war: World War #1

3. (c) Social Security No. 332-01-6250

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 0

6. (b) Name of husband or wife: Mrs. Zella Behan

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

7. Birth date of deceased: October (Month) 3 (Day) 1895 (Year)

8. AGE: Years 49 | Months 2 | Days 0 | If less than one day: hr. min.

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

10. Usual occupation: Hotel Employee

11. Industry or business: x

FATHER
12. Name: John J. Behan
13. Birthplace: Pennsylvania 1 (City, town, or county) (State or foreign country)

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

16. (a) Informant: Mrs. Zella Behan, 1
(b) Address: 3425 Locust, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-6-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec 5, 1944 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd year 1944 hour a. minute M.

21. I hereby certify that I attended the deceased from August 4 1944, 19..., to Dec. 3, 19 44, that I last saw h. alive on Dec. 3, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchogenic Carcinoma	
Due to: Metastasis	10 Months
Due to: Uremia	5 days
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? —
While at work? — (Specify type of place) (e) Means of injury: —

23. Signature: C Schaefer M.D. (M. D. or other)
Address: 3937 Main, K.C., Mo. Date signed 12/4/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. Dr. Charles L. Schaefer, 3937 Main. Lo 8240

JAN 26 1945

DEC 22 1944

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. 1415

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.