V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5100

Registration District No. FILED FEB 17 1945

Primary Registration District No. 1002

Registrar's No. 665

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: 4306 Campbell
(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 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 4306 Campbell 8
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME Dennis F. Carey

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

3. (c) Social Security No. NONE

4. Sex Ma

5. Color or race Wh

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 10, 1887 (Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Kansas City Mo (City, town, or county) O (State or foreign country)

10. Usual occupation Dennis F. Carey R.E. Co

11. Industry or business Real Estate

FATHER
12. Name Dennis Carey
13. Birthplace Co. Kerry Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann O'Neil
15. Birthplace Co. Kerry Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Miss Elizabeth Carey

(b) Address 4306 Campbell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost

19. (a) 2-10-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8 year 45 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 2, 1945 to Feb 6, 1945 that I last saw him alive on Feb 6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum (Adenocarcinoma of Rectum) — Duration 18 mo.

Due to

Due to 4 hrs

Other conditions (Include pregnancy within 3 months of death) Rectal Abscess & Fistula due to the above Ca of Rectum — 10 days

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? (Specify type of place)

While at work? (e) Nature of injury

23. Signature Raymond R. Morrow M.D. (M. D. or other)

Address 1210 Prof. Bldg. Date signed 2-9-45

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1945

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 Thomas E. Zurek

Licensed Embalmer No. 3375

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.