

No. 2
-5-43
-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1946
Registration District No. 72

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8852

State File No.

Primary Registration District No. 5289

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Clay *Rural Gallatin*
(b) City or town R.R. #3 Parkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. #3 Parkville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
In this community 15 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #3 Parkville 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME Alfred Joseph Girard

3. (b) If veteran, name war no
3. (c) Social Security No. 495-01-1108

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife husband 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Dec. 29 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 1 If less than one day hr. XX min.

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

10. Usual occupation Kansas City Public Service

11. Industry or business Street car operator

12. Name Pholix Girard

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Delvina Bayrna

15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Frances D. Girard

(b) Address R.R. #3 Parkville Mo.

17. (a) Burial (b) Date thereof 4-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Conv. K.C. Mo

18. (a) Signature of funeral director Morton Smith's

(b) Address 832 Armour Rd. No. Kan. City

19. (a) Mar 31 1946 (b) Beulah Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from March 27, 1946 to March 30, 1946
that I last saw him alive on March 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Respiratory Gout
Pleur

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 2

Of autopsy 170

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 A. S. Johnson (M. D. or other) No.

Address Hickory Mo Date signed 4-1-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-1-46

MAR 1 1957

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 me,

....., Registered Apprentice No.....
working under my personal supervision.

Signed Theron O Smith

Licensed Embalmer No. 3828

P. O. Address 832 Armour Rd North Kansas City

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.