

No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13093**
Registrar's No. **1564**

Registration District No. **149**

Primary Registration District No. **1002**

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:
1618 East, 40th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no**
(Specify whether
In this community **70 yrs.**
years, months or days)

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. **1618 E. 40 th St.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **John J. Curran**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **1**
year **1946** hour **Six** minute **15 A.M.**
21. I hereby certify that I attended the deceased from **Oct 31**
1944 to **April 1** 19**46**
that I last saw him alive on **March 2** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Wht**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mrs. Anne C. Curran**
6. (c) Age of husband or wife if alive **unk.** years
7. Birth date of deceased **June 29 1870**
(Month) (Day) (Year)

Immediate cause of death
Small Arteriosclerosis
Duration **years**

8. AGE: Years **75** Months **9** Days **3**
If less than one day
hr. min.

Due to
Due to
Other conditions **Parkinson's Disease (non P.E.)**
(Include pregnancy within 3 months of death)
Anaemia - hypochromic

9. Birthplace **Mindate Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Letter Carrier**

Major findings:
Of operations
Of autopsy **738**

11. Industry or business **U.S. Government**
12. Name **Andrew D. Curran**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Dunn**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Anne C. Curran**
(b) Address **1618 E. 40 th St. K.C. Mo.**
removal (b) Date thereof **4-1-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Hill Cem. K.C. Mo.**

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?

18. (a) Signature of funeral director **Simmons F. Howe**
(b) Address **3748 Strongline K.C. Mo.**
19. (a) **4-2-46** (b) **Shirahline Holm**
(Date received from registrar) (Registrar's signature)

23. Signature **W. A. Woodall** (M.D. or other)
Address **Kansas City, Mo.** Date signed **4/2/46**

780 Professional Bldg

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

11093

Goodson
Prof

APR 22 1946

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. Simmons*

Licensed Embalmer No. *3903*

P. O. Address..... *K C K*

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.