S. No. 2
M—9-4-41
v. 5-17-39
I—X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20555

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2543

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Mo. & 11 days. (Specify whether years, months or days)

In this community lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City. 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 1124 Westport Rd. 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Tuhill, Patrick

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: unknown

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

7. Birth date of deceased: 10-24-61 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	7	13	hr. min.

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

10. Usual occupation: Retired Foreman

11. Industry or business: Kansas City Southern Railroad

FATHER
12. Name: Not Known
13. Birthplace: " " " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: " " "
15. Birthplace: " " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Wm Fitzen
(b) Address: 2810 Wyandotte

17. (a) Ba (Burial, cremation, or removal) (b) Date thereof: June 10 46 (Month) (Day) (Year)
(c) Place: burial or cremation: Holden Mo

18. (a) Signature of funeral director: Quick & Robins Co
(b) Address: Row Lindwood

19. (a) 6-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sep 30 day: 9 year: 46 hour: 9 minute: P. M.

21. I hereby certify that I attended the deceased from Jan 27, 1946, to 6-9-46; that I last saw h. alive on 6-7-46; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Primary Sepsis i Coronary Entero fistula Arteriosclerosis	
Due to: Appendicitis Pneumonia lobar	
Due to: (Accepted)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 108	PHYSICIAN
Of autopsy	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: W. J. McCee (M. D. or other)

Address: 108 Argyle Tel. Date signed: 6-8-46

(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 Charles M Quirk

Licensed Embalmer No. 3774

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.