DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23566

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3009

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: 6 West 40th Way
(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 40 years

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. 6 West 40th Way 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES CHRISTOPHER DEY Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Ellen Dey

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

7. Birth date of deceased May 28 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace Ebensburg Penn (City, town, or county) (State or foreign country)

10. Usual occupation Railroad Conductor

11. Industry or business Rock Island Railroad

FATHER
12. Name William Dey
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Fulmer
15. Birthplace Penn 1 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Eleanor J Dey
(b) Address 6 West 40th Way

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Burke & Robin Co
(b) Address 20 West Linwood

19. (a) 7-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day July year 1946 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 7/8/44, 19__, to 7/9/46, 19__; that I last saw him alive on 7/8/46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke (apoplexy) — Duration
Due to: hardening of arteries
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 8 30
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) Means of injury

23. Signature G. R. [illegible] M.D. (M.D. or other)
Address 310 Bryant Bldg Date signed 7/9/46

(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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.