

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40718**

FILED JAN 7 1947
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5386**

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:
Kansas City - 3701 Broadway
(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 **since 1919** (Specify whether)
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. **3701 Broadway**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Thomas J. McDermott**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **October 12 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 66 2 10 hr. min.

9. Birthplace **Bedford, Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Santa Fe R. R. Traveling Passenger Agent**

11. Industry or business **Retired**

12. Name **James McDermott**

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

14. Maiden name **Margaret Martin**

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

16. (a) Informant **R. E. Cuttell**

(b) Address **1100 Baltimore, Kansas City, Mo.**

17. (a) **removal** (b) Date thereof **12-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ravenna, Ohio.**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **12-24-46** (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **22**
year **1946** hour **9:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **noon** 19 **to** 19 **;**
that I last saw h. **alive on** 19 **;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Due to **Bilateral Bronchopneumonia**

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations **94a**
Of autopsy **as above**

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) _____ (c) Means of injury **O**
23. Signature **James McDermott** (M. D. or other) **cr**
Address **1424 Fifth St.** Date signed **12-23-46**

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

MOTHER FATHER

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

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.....

W. T. Oliver

Licensed Embalmer No..... *478*

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.