

S. No. 2
 1-12-45
 5-17-39
 X47070

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1262

State File No. _____

FILED FEB 5 1947
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 302

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:
200 West 9th St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 18 Years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
Kansas City
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. 200 W. 9th St.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Claude E. O'Day

3. (b) If veteran, name war No
 3. (c) Social Security No. 499-16-5131

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Lydia O'Day
 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 20, 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 56 22 hr. min.

9. Birthplace Kankakee Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name Marshall O'Day

13. Birthplace No Record
 (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
 (City, town, or county) (State or foreign country)

16. (a) Informant Lydian O'Day

(b) Address 1200 West 9th St.

17. (a) Burial (b) Date thereof Jan. 23, 47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quinn T. Tobin

(b) Address 20 W. Linwood

19. (a) 1-21-47 (b) Steraldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
 year 1947 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 19
Jan 19 1947 to Jan 21 1947
 that I last saw him alive on Jan 19
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of esophagus
 Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 4/6 a
 Of operations _____

Of autopsy _____

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 D

23. Signature W. G. Russell (M. D. or other)
 Address 708 W 17 Date signed 1/21/47

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

MOTHER FATHER

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. Fournier

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.