

S. No. 2  
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5-17-39  
P1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9161**  
Registrar's No. **1086**

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: **General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
In this community **60 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Guy James**  
(b) If veteran, **no** name war  
(c) Social Security No. **RD**

4. Sex **male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **unknown**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Nov 29 1864**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **3** Days **8**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Chicago Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter Contractor**

11. Industry or business \_\_\_\_\_

12. Name **Galvin James**  
13. Birthplace **unknown Scotland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Mallary**  
15. Birthplace **unknown ILL.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jennette Cook**  
(b) Address **2313 east 60th.**

17. (a) **Burial** (b) Date thereof **3 10 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Melody McGilley Eylar**  
(b) Address **1800 East Linwood Blvd.**

19. (a) **3-10-47** **Gertrude Holmes**  
(Date received local registrar) (Registrar's signature)

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. **3200 Norledge**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7**  
year **1947** hour **11** minute **20** A. M.

21. I hereby certify that I attended the deceased from **March 4**, 19**47** to **March 7**, 19**47**, that I last saw him alive on **March 7**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **107**  
Of operations \_\_\_\_\_  
Of autopsy **See 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? \_\_\_\_\_

23. Signature **Wm W. Hart** (M: D. or other) **MD**  
Address **Med. Dir. Gen'l Hosp.** Date signed **3-8-47**

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

MOTHER FATHER

*Dr. Hickman*

**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

*Blair E. Beck*

Licensed Embalmer No

*4063*

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.**