No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24123

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2942

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

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: 412 North Van Brunt Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 412 North Van Brunt Blvd. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William J. Caulfield
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 511-01-9383
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Hazel Key Caulfield
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 14, 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	11	25	hr. min.

9. Birthplace Higginsville, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired General Agent
11. Industry or business Farmers and Bankers Life Ins Co.
FATHER
12. Name Patrick Caulfield 1
13. Birthplace Ireland 7
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary McGuire 0
15. Birthplace Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Hazel Key Caulfield
(b) Address 412 North Van Brunt Blvd.
17. (a) Burial (b) Date thereof July 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's
18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.
19. (a) 7-11-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th.
year 1947 hour 5.30 P.M. minute M.

21. I hereby certify that I attended the deceased from May 8, 1947, to July 9, 1947
that I last saw him alive on July 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days
Duration

Due to Arteriosclerosis with hypertension
~~Due to~~ Aortic regurgitation with atrio fibrillation
Indefinite

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
92a
Of autopsy

PHYSICIAN
Underline the cause of 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 (E. I. Schindler) D.O. (M. D. or other) 2
Address (E. I. Schindler) D.O. Date signed July 11, 1947
421 Shukert Bldg.
Kansas City, 6, Mo.

Jefferson City Printing Co. (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.....

Licensed Embalmer No. 3775

P. O. Address.....

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.