No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27817

FILED AUG 26 1947

Registration District No. 1479

Primary Registration District No. 1002

Registrar's No. 3433

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: 5631- BALES AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 30 YEARS
years, months or days)

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. 5631- BALES AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME MR. CLYDE JAMES MAHAFFEY
3. (b) If veteran, name war NO
3. (c) Social Security No. 487-09-9137

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife MRS. GRACE MAHAFFEY
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased JANUARY (Month) 30 (Day) 1893 (Year)

8. AGE: Years 54 Months 6 Days ~~9~~ 8 If less than one day ___ hr. ___ min.

9. Birthplace CENTERVILLE (City, town, or county) IOWA (State or foreign country)
10. Usual occupation BAKER
11. Industry or business GENERAL BAKING COMPANY

FATHER
12. Name JAMES MAHAFFEY
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MATTIE WOERTZ
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Grace Mahaffey
(b) Address 5631 Bales ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-11-1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FOREST HILL CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401- BRUSH CREEK BLVD.
19. (a) 8-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 8TH year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 30 - 47, 19__, to Aug 8th, 1947; that I last saw him alive on August 2, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	2 hours
Due to: Dilatation heart; Chronic Valvular heart disease	3 years
Due to: Bilateral Empty sound	2 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92
Of autopsy denied, has been ill 2 years.

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 0

23. Signature Owen Krueger (M. D. or ~~other~~)
Address 304 E 12 Date signed 8/9/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

11-2-10

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.