No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31234

FILED SEP 23 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3826

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 620 South Brighton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 50 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. 620 South Brighton 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Michael J. HALVEY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Louise Halvey

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased August (Month) 13, (Day) 1861 (Year)

8. AGE: Years 86 Months 0 Days 23 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Kansas City Police Dept.

FATHER
12. Name John Halvey
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Ellen Unknown
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs. Mary Halvey
(b) Address 620 So. Brighton, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 9-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1947 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 4- 1940 to 9-6 1947
that I last saw him alive on 9-6 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia terminal due to	One week
Due to Arterio sclerosis	20 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
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 0

23. Signature [signature] (M. D. ~~or other~~)

Address 508 Winthrop Bldg. Date signed SEP 8 47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lawrence Brunson
Wirthman Bldg.
3102 Troup.

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. .....

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.