

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 29 1947
749

Registrar's No. 3996

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osteopathic Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Waverly
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME

DORIS LARKIN

3. (b) If veteran, name war

NO

3. (c) Social Security No.

NONE

4. Sex

Female

5. Color or race

White

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

Married

6. (b) Name of husband or wife

John Larkin

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

62 years

7. Birth date of deceased

August
(Month)

8
(Day)

1890
(Year)

8. AGE:

Years 57

Months 1

Days 11

If less than one day
hr. _____ min. _____

9. Birthplace

Waverly, Missouri
(City, town, or county)

0
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

12. Name

William Burnett

13. Birthplace

Unknown
(City, town, or county)

9
(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown
(City, town, or county)

9
(State or foreign country)

16. (a) Informant

Tom Larkin

(b) Address

Lexington, Missouri

17. (a)

Burial
(Burial, cremation or removal)

(b) Date thereof Sept 21, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation

Waverly, Missouri

18. (a) Signature of funeral director

James Funeral Home

(b) Address

Concordia, Missouri

19. (a)

9-20-47
(Date received by registrar)

(b) Geraldine Holmes
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1947 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 14 1947 to 9-9-19 1947
that I last saw h. er alive on 9-19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial degeneration
Due to High icteric index
Due to Biliary obstruction
Other conditions: 126
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: Stomach obstructing common bile duct
Of autopsy: _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(d) 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? _____ Means of injury 2

23. Signature F. M. Mally (M. D. or other) RD
Address Bellevue, Mo Date signed 9-20-47

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

Dr. H. J. McAnally
Bryant Building
Ha 7422

HA 6434

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 Chas E Wilks

Licensed Embalmer No. 2644

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.