S. No. 2
(—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41672

Registrar's No. 5364

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: 2805 Benton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 2805 Benton Blvd. (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Martin T. GAFFEY
3. (b) If veteran, name war: World War I
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: Myrtle Gaffey
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: June (Month) 5 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
46	6	15	hr. min.

9. Birthplace: Kansas City, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Chief Drill Master
11. Industry or business: K. C. Fire Department
MOTHER FATHER
12. Name: Martin E. Gaffey
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
14. Maiden name: Julia Cole
15. Birthplace: Kansas City, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Myrtle Gaffey
(b) Address: 2805 Benton, K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Hallody-McGilley-Eylar
(b) Address: Kansas City, Mo.
19. (a) 12-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1947 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from March 1, 45 to Dec 20, 1947 that I last saw him alive on Dec 20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary	
Due to: Occlusion	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

PHYSICIAN — Underline the cause of which death should be charged statistically.

Major findings:
Of operations: 0 | 0
Of autopsy:

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: Harold Sampson M.D. (M.D. or other)
Address: Prof. Bldg. Date signed 12/21/47

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

Dr. Harold Passman
416 E 72 thrr
AUG 25 1949

MAR 9 1948

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 Glen E. Heck

Licensed Embalmer No. 4063

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.