

S. No. 2  
M-2-43  
5-17-39  
-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 3 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19655

State File No. \_\_\_\_\_

2612

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
4527 Fairmount  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 46 years  
(Specify whether 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. 4527 Fairmount  
(If rural, give location) **8**

(e) Citizen of foreign country? no (Yes or No) **0**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Timothy Scanlon

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Male 5. Color or race W. s.

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

6. (b) Name of husband or wife Scanlon 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct. 1 1901  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 48 hour 9:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 4-7, 1948, to death, 1948;  
that I last saw him alive on 6-19, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years 46 Months 8 Days 18  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern Owner

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Patrick Scanlon

13. Birthplace Ireland **4**  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Phelan

15. Birthplace Ireland **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Scanlon

(b) Address 4527 Fairmount

17. (a) Burial (b) Date thereof 6/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Frank J. Tolson

(b) Address Linwood and Main

19. (a) 6-22-48 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

Duration \_\_\_\_\_

Bronchogenic Carcinoma

Due to \_\_\_\_\_ **1 yr**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 47c  
Of operations \_\_\_\_\_

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:

(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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature S. S. Thum (M. D. or other) **200**

Address 722 S.W. Blvd Date signed 6-21-48

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

**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 *John W. Laybourne*

Licensed Embalmer No. *1715*

P. O. Address *H. E. 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.**