No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26424

Registrar's No. 3202

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:
608 East 9th Street
(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 lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5921 Charlotte St. 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Joseph H. LAFFERTY

3. (b) If veteran, name war no

3. (c) Social Security No. 499-07-7997

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Rosina Lafferty

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased October (Month) 10, (Day) 1903 (Year)

8. AGE: Years 44 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Kansas City, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Goetz Brewing Company

FATHER
12. Name Robert H. Lafferty
13. Birthplace ---- (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Catherine Smith
15. Birthplace ---- (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Catherine Lafferty
(b) Address 5921 Charlotte, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) 8-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from
Coroner, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary schemes	
Due to arterio schemes	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 D	
Of autopsy no History & Inspection	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~ Coroner)
Address 1424 [illegible] Date signed 8-5-48

(Licensed Embalmer's Statement on Reverse Side)

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.