

13760

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1472

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
403 East 3rd. 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 5 years  
years, months or days

3. (a) PRINT FULL NAME James Michael Neenan 550

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine Kennedy

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

7. Birth date of deceased May 23 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>10</u>	<u>10</u>	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business -----

MOTHER FATHER { 12. Name John Neenan

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

14. Maiden name Margaret

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

16. (a) Informant's own signature Francis Shea

(b) Address R.F.D. # 8, K.C. Mo.

17. (a) Burial (b) Date thereof April 6-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Shail Funeral Home

(b) Address 6606 Independence Ave. K.C. Mo.

19. (a) April 4, 1940 (b) M. M. Grose  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. R.F.D. # 8, North K.C. Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3 year 1940  
hour 4:00 P. minute \_\_\_\_\_ second \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I was alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

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

Acute pulmonary edema  
Chronic cardiac dilatation  
Chronic diffuse myocardial fibrosis  
Coronary arteriosclerosis 93c

Major findings:  
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) \_\_\_\_\_

23. Signature Dr. W. H. Butler (M. D. or other) \_\_\_\_\_

Address K.C. Mo. Date signed \_\_\_\_\_

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

REV. 6-17-39 I X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

*J. Samuel Smith*

Licensed Embalmer No. *3625*

P. O. Address *Kenner City*

**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, above space should be left blank.**