

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17320
Registrar's No. 1847

Registration District No. 399

Primary Registration District No. 1002

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

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:
127 So Lawn Ave., Kansas City, Mo. 9
(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 3 days
years, months or days)

3. (a) PRINT FULL NAME Douglas Stephen O'Hara 600

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary O'Hara 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 13 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 10 18 hr. min.

9. Birthplace Towanda, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business xx

12. Name Patrick O'Hara

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

14. Maiden name Martha McKinney

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

16. (a) Informant Donald O'Hara

(b) Address 127 So Lawn Ave., K. C. Mo.

17. (a) Burial (b) Date thereof 5/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo.

18. (a) Signature of funeral director John P. Sheil

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

19. (a) May 2, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Bosworth
(If outside city or town limit, write "RURAL")
(d) Street No. XX (If rural, give location)
(e) If foreign born, how long in U. S. A.? XX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1940 hour _____ minute 5.45 A. M.

21. I hereby certify that I attended the deceased from April 28
1940 to May 1, 1940
that I last saw him alive on April 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure - 2 da

Due to Coronary Sclerosis and myocardial degeneration

Due to 92c

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) (e) Means of injury !

23. Signature F. C. L. mar (M. D. or other) _____

Address 624 Professional Date signed May 2

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, above space should be left blank.