

NOV 13 1940
Registration District No.

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 St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether in this community years, months or days)

In this community 40 Years

3. (a) PRINT FULL NAME Mr. Frank Rooney

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 Mrs. Johanna Ida Rooney

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

7. Birth date of deceased June 18 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>3</u>	<u>13</u>	hr. min.

9. Birthplace Sunbury Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Conductor

11. Industry or business Rock Island Railroad

12. Name John Rooney

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

14. Maiden name Lydia Anderson

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

16. (a) Informant J.P. Manderville

(b) Address 6332 Agnes K.C.Mo.

17. (a) Cremation
(Burial, cremation, or removal)

(b) Date thereof Oct. 1 1940
(Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush-Creek Blvd.

19. (a) 10-1-40
(Date received by registrar)

(b) M. M. Grove
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3039 Olive Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th
year 1940 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-25, 1940, to 9-29, 1940,
that I last saw h. in alive on 9-29-40
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Pt in g uinal hernia resulting in gangrene of bowel & peritonitis.

Duration 9/25/40 to 9/29/40

Due to 22 Indisposition

Other condition Common peritonitis
Amey's abd. cavity
(Include pregnancy within 3 months of death)

Major findings: Largeness of bowel; about 5 ft.

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) no

(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? no

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

23. Signature J. M. Mayaw (M. D. or other) —
Address Kansas City Mo Date signed 9/29/40

638 Improvement Reg.

11 of 100

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *5 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.