

Registration District No. 400

Primary Registration District No. 555318

Registrar's No. 106

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Paris Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home, North Independence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 years (Specify whether)
In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John O'Brien

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased Dec 16 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 | 5 | 13 | hr. _____ min.

9. Birthplace Melbourne & Australia
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Reverend Jackson County Home

(b) Address Little Blue, Mo

17. (a) Burial (b) Date thereof 6-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabany, K.C. Kan.

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

(b) Address 2332 W. 12th, K.C. Mo.

19. (a) 6-4-41 (b) Lana E. Barnes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7:30 1941 to 6-1 1941
that I last saw him alive on 5-31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death ruptured peptic ulcer

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) (a) Means of injury _____

23. Signature J. W. Green (M. D. or other) _____

Address Independence Date signed 6-4-41

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

48
00

48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Blaine E. Wilcutt

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Rd

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.