

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9105**

Registrar's No. **1435**

FILED MAR 31 1943  
Registration District No. **1002**

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:  
**7130 Penn**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community **50 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **DANIEL J. HANRAHAN**

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

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

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

7. Birth date of deceased. **August 21** (Month) (Day) (Year) **1874**

8. AGE: Years **68** Months **7** Days **2** If less than one day **hr. min.**

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

10. Usual occupation **Retired**

11. Industry or business **ARMOUR & Company**

MOTHER FATHER { 12. Name **Hanrahan**  
13. Birthplace **Ireland** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Ireland** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Agnes Cummings**  
(b) Address **7130 Penn**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-26-1943** (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **Zurker & Dalia, Co.**  
(b) Address **20 West Linwood**

19. (a) **3-24-43** (Date received local registrar) (b) **M. M. Browne** (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. **7130 Penn** (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **No**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23rd** year **1943** hour **4:** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **3-19-43** 19 to **3-27** 1943

that I last saw him alive on **3-22** 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** Duration

Due to **9:25**

Due to

Other conditions **arterio sclerosis** (Include pregnancy within 3 months of death)

PHYSICIAN  
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) (e) Means of injury

23. Signature **J. J. Parake** (M.D. or other) Address **City** Date signed **3-24-43**

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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.....

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.**