

FILED AUG 14 1943 149

Registration District No. _____

Primary Registration District No. 1002

State File No. _____

Registrar's No. 3421

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:
919 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 44 years
years, months or days)

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. 919 Jefferson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CORNELIUS M. O'BOYLE

3. (b) If veteran, name was Spanish-American 3. (c) Social Security No. None

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

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

7. Birth date of deceased. October 20, 1887
(Month) (Dny) (Year)

8. AGE: Years Months Days If less than one day
55 9 16 hr. _____ min.

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

10. Usual occupation Retired Engineer

11. Industry or business K.C. Water Dept.

MOTHER { 12. Name Patrick J. O'Boyle
FATHER { 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Gaughan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mary O'Boyle

(b) Address 919 Jefferson

17. (a) Burial (b) Date thereof 8/9/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Quirk & Nelson Co.

(b) Address 20 West Linwood, K.C., Mo.

19. (a) 8-7-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th,
year 1943 hour 2: minute 30 P.M.

21. I hereby certify that I attended the deceased from July 24, 1943 to Aug 6, 1943
that I last saw him alive on Aug 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage. Duration 2 weeks

Due to Arterio-Sclerosis & high blood pressure

Due to Deficiency diets

Other conditions Eccentric personality
(Include pregnancy within 3 months of death)

Major findings: 83a
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? _____

While at work? _____ (Specify type of place)
(e) Cause of injury _____

23. Signature D.P. Klejner M.D. (M. D. or other) _____
Address 615 Anglen Bldg Date signed 8/7/43

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

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.....
Harvey Lee

Licensed Embalmer No. *2810*

P. O. Address. *N. C. ...*

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.