

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 3353

Registration District No. 149 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:
1416 East 30th St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 78 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 3
 (c) City or town Kansas 4
(If outside city or town limits, write "RURAL")
 (d) Street No. 1416 East 30th Street
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. BRIDGET M. O'BRIEN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
 6. (b) Name of husband or wife Timothy 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 1, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>30</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Patrick Ryan

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

14. Maiden name Margaret Quinlan

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

16. (a) Informant Bernard O'Brien

(b) Address 1416 East 30th Street

17. (a) Burial St. Mary's Cemetery
(Burial, cremation, or removal) (b) Date thereof 8/3/43
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Franklin Co.
 (b) Address 20 W. Linwood

19. (a) 8-2-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
 year 1943 hour 9: minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb. 1, 1943 to July 31, 1943
 that I last saw RV alive on July 15, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 2 days
Duration

Due to 106 a. 18

Due to _____

Other conditions fracture Right Femur 4 mo
(Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____

Of autopsy None

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) None - accident

(b) Date of occurrence About 4 mos ago

(c) Where did injury occur? PC mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
accidental

While at work _____ (Specify type of place)
(g) Means of injury fall

23. Signature Kenneth A. Davis M.D.
 Address 201 Plaza Theatre Bldg Date signed 8-2-43

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..... *Charles M. Quinn*

Licensed Embalmer No..... *3774*

P. O. Address..... *K.C. 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.