

FILED DEC 22 1943

Primary Registration District No. 1002

Registrar's No. 5221

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5328 Rockhill Road /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____
 In this community 31 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. 5328 Rockhill Road
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr Frank H. Dwyer

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December 9 9th
 year 1943 hour 2:45 minute A. M.

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

21. I hereby certify that I attended the deceased from 9-27, 1943 to 12-9, 1943.
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Anna I Dwyer 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 19 1864
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>20</u>	hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Keokuk Iowa /
(City, town, or county) (State or foreign country)

Other conditions Lobar Pneumonia
(Include pregnancy within 3 months of death)

10. Usual occupation Retired U.S. Dept of

Major findings: empyema 10-15-43
 Of operations _____
 Of autopsy _____

11. Industry or business Agriculture

12. Name Hugh Dwyer

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

14. Maiden name Mary Egan

15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Dr Hugh L. Dwyer

(b) Address 5408 Central Street

17. (a) Burial (b) Date thereof 12-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 12-11-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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 D. E. Brown (M. D. or other) MB
 Address 1034 Walnut Date signed 12-10-43

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

MOTHER FATHER

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.....

Russell N. France

Licensed Embalmer No.....

4255

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.