S. No. 2
M—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41088

FILED JAN 4 1944

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1350

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 years (Specify whether years, months or days)
In this community 48 years

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

3. (a) PRINT FULL NAME: RICHARD O'BRIEN.
3. (b) If veteran, name war: ?
3. (c) Social Security No.: ?
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 alive: years
7. Birth date of deceased: ? (Month) (Day) 1872? (Year)

8. AGE: Years 71? Months Days If less than one day hr. min.

9. Birthplace: unknown (City, town, or county) ? (State or foreign country)
10. Usual occupation: unknown
11. Industry or business: unknown
MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) ? (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) ? (State or foreign country)
16. (a) Informant: Jackson Co. Court.
(b) Address: Kansas City, Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof 12/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation: State Hosp #2
18. (a) Signature of funeral director: Roy Attaway
(b) Address: St Joseph
19. (a) 12-8-43 (Date received local registrar) (b) Ralph Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6 year 1943 hour 1 minute P M.
21. I hereby certify that I attended the deceased from 5-1-, 1943 to 12-6-, 1943 that I last saw him alive on 12-6-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Dilatation	2 months
Due to: Chronic Glomerulo-nephritis	unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death): General Anasarca	

Major findings:
Of operations: 131 P
Of autopsy: chronic glomerulo-nephritis. Cardiac dilatation

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)
(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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: J. H. Morrow (M. D.)
Address: State Hospital No 2 Date signed 12-7-43.
St Joseph, Mo

1283 (Licensed Embalmer's Statement on Reverse Side)

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 not

, Registered Apprentice No.

working under my personal supervision.

Signed John Ray Blame

Licensed Embalmer No. 2435

P. O. Address St Joseph 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.