

FILED APR 15 1944

State File No. _____

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1496

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 1 YEAR (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 78
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 710 Benton Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas J. Onan

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 MARRIED
6. (b) Name of husband or wife MRS. MARGARET F. ONAN 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased JULY 13 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 20 If less than one day hr. _____ min. _____

9. Birthplace CLAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name UNKNOWN ONAN
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 MRS. MARGARET F. ONAN
(b) Address 710 BENTON BLVD.

17. (a) BURIAL (b) Date thereof APRIL 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SOUTH CENTRAL RY. NEARNEY, MISSOURI

18. (a) Signature of funeral director H. Newcomer
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-4-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2
year 1944 hour 7 minute 5 A.M.

21. I hereby certify that I attended the deceased from March 27 1944 to April 2 1944
that I last saw him alive on April 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Extensive broncho-pneumonia; Endocarditis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy See above gze
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? _____

While at work (Specify type of place) _____ (e) Means of injury Med. Dir. M. H.
23. Signature A. E. Usher (M. D. or other) 4-3-44
Address Gen 1, Hosp 23 in Coy Date signed _____

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.