S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36663

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4850

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 0
In this community 1 Year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4 8
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2545 Gillham 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Cooney

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased november 8 1892 (Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas 1 (State or foreign country)
10. Usual occupation Painter
11. Industry or business

FATHER
12. Name Wm. Cooney
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Ellen Flynn
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mr. Charley Cooney
(b) Address Topeka Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-3-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Holton Kansas
18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City . Mo
19. (a) Dec 2 1944 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3 year 1944 hour 3 minute 30 a.M.

21. I hereby certify that I attended the deceased from Dec. 2, 1944, 19..., to Dec. 3, 1944; that I last saw him alive on dec. 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Heart Disease

Due to Right lobar Pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations
Of autopsy yes

Duration

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 A. E. Ussher (M. D. or other) MD
Address KC Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1944

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 Theron A. Bedmon

Licensed Embalmer No. 2737

P. O. Address Kcmo

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.