

No. 2
DM-2-43
v. 5-17-39
X 25697

FILED JAN 4 1945

State File No. _____

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 5212

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:
In Front of 5630 Brookside Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 56 yrs.
years, months or days (Specify whether)

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. 419 W. 10th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country Ireland

3. (a) PRINT FULL NAME Dennis DENNEHY

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 12 day 20
year 1944 hour 7:35 minute P M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married single
divorced _____

21. I hereby certify that I attended the deceased from before 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

7. Birth date of deceased: July 27 1877
(Month) (Day) (Year)

Immediate cause of death Automobile Traumatism

8. AGE: Years 73 Months 72 Days 4 23
If less than one day _____ hr. _____ min.

Due to _____

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

Due to Car + Pedestrian

10. Usual occupation City Park Dept

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____
12. Name Connor Dennehy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ellen O'Shea
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings: Of operations History + Inspection
Of autopsy swt 1706

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Eugene Resdon
(b) Address Pittsburg, Kans
17. (a) Removal (b) Date thereof 12/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 12-20-44
(c) Where did injury occur? 5630 Brookside K.C., Jackson, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street

(c) Place: burial or cremation Pittsburg, Kansas
18. (a) Signature of funeral director Melody-McGilley
(b) Address K. C. Mo.

While at work? _____ (Specify type of place)
(c) Means of injury _____

19. (a) 12-22-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature James Walker (M. D. or other) Carson
Address 1824 prof. Bldg Date signed 12-21-44

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.