S. No. 2
M—5-43
. 5-17-39
I X36671

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

25902

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27060

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3546

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:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Oct. 1945 (Specify whether)

In this community 59 YEARS
years, months or days)

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. ST. JOSEPH'S HOSPITAL
(If rural, give location)
LINWOOD AND PROSPECT

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RT. REV. MSGR. ANDREW G. CLOHESSY

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 CLERGYMAN

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MARCH (Month) 20 (Day) 1863 (Year)

8. AGE: Years 83 Months 4 Days 26 If less than one day hr. min.

9. Birthplace COUNTY LIMERICK (City, town, or county) IRELAND (State or foreign country)

10. Usual occupation CLERGYMAN

11. Industry or business

FATHER
12. Name unknown
13. Birthplace (City, town, or county) Ireland (State or foreign country)

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

16. (a) Informant RT. REV. MSGR. J. J. DOWNEY

(b) Address 3934 WASHINGTON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-19-46 (Month) (Day) (Year)

(c) Place: burial or cremation MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director J. F. Donnell

(b) Address 3256 BROADWAY

19. (a) 8-17-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1946 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1945, 19 to Aug 16, 1946 that I last saw him alive on Aug 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis - decompensation

Due to arterio sclerosis senility

Due to Prostatic enlargement

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 d

Of autopsy

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

23. Signature Delon O Williams (M. D. or other)

Address 806 Prof. Bldg Date signed 8/17/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John W. Laybourne.

Licensed Embalmer No. 1715

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.