

FILED MAR 31 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 422

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 #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months, 4 days
(Specify whether
In this community About 50 Years
years, months or days)

3. (a) PRINT FULL NAME James O'Hare
3. (b) If veteran, name war None 3. (c) Social Security No. A87-14-5002

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Kathryn O'Hare 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 3 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 20 If less than one day
hr. mt.

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

10. Usual occupation laborer Chicago, Ill.

11. Industry or business Superior Flake Grafite Co

MOTHER FATHER
12. Name John O'Hare
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary O'Brien
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital #2
(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 25, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Mar 26, 1947 (b) B. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 202 1/2 South 5th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country *

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 23
year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 19 1946 to march 23 1947;
that I last saw him alive on march 22 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Duration unknown

Due to _____
Due to _____

Other conditions Senile Psychosis 6 months
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy abd
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) Late 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) _____
Means of injury _____
23. Signature Delbert P. Johnson (M. D. or other) M.D.
Address State Hospital #2 Date signed 3/23/47

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 James M. DeCunha Registered Apprentice No. 486
working under my personal supervision.

Signed Robert H. Goble
Licensed Embalmer No. 3308
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.