

S. No. 2
1-12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9301**
Registrar's No. **1172**

FILED MAR 25 1947
Registration District No. **749**

Primary Registration District No. **1002**

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:
5700 Scarritt
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 77 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 5700 Scarritt **8**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES O'BRIEN

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 Catherine

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 10 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>10</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Custodian - City Hall

11. Industry or business Kansas City

12. Name Cornelius O'Brien

13. Birthplace Ireland **4**
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mahoney

15. Birthplace Ireland **4**
(City, town, or county) (State or foreign country)

16. (a) Informant C. O'Brien

(b) Address 316 E Winthrop Rd.

17. (a) Burial (b) Date thereof 3-15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 3-14-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from 5 years
and that death occurred on the date and hour stated above.
3-12-1947

that I last saw him alive on 3-12-1947

Immediate cause of death Myocardial Infarction

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration
2 yrs

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury 0

23. Signature P. L. St. Clair (M. D. or Other) _____
Address 5242 Se... Date signed 3/14-47

Dw. Sh. Blair -
524 2 St John
Be 0141
2 on.

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 W. Blackman

Licensed Embalmer No. 3639

P. O. Address A.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.