

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
W I X36671

FILED MAY 5 1949

Registration District No. 149

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:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months  
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If rural, give location)

(d) Street No. 3843 Summit

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. HELEN J ROONEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John J Rooney

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Alexander Jennings

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

14. Maiden name Sarah Duff

15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jennings

(b) Address 121 W. 29th

17. (a) Burial (b) Date thereof 4/28/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Dwight L. Owen

(b) Address 20 West Linwood

19. (a) 4-26-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day April  
year 1947 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from 12/27 1946 to 4/25 1947  
that I last saw her alive on 4/25 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of  
of leg - complicated  
by hypertensive - cardiac  
vascular disease  
& cerebral embolus.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: None 1860g

Of operations \_\_\_\_\_

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 123

(b) Date of occurrence 12/27/46

(c) Where did injury occur? Home P.C. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury fall

23. Signature [Signature] (M. D. or other) M.D.

Address 327 Argyle Bldg. Date signed 4/26/47

APR 16 1957

APR 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Howard W. Garner  
Licensed Embalmer No. 4134  
P. O. Address KE 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.