

S. No. 2
DOM-5-43
ev. 5-17-39
I X36871

FILED MAY 12 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
4141 Mercier
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 62 years

3. (a) PRINT FULL NAME John J. ROONEY

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 Mary M. Rooney 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 20, 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation Engineer (Retired)

11. Industry or business CB&Q RR

12. Name John Rooney

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

14. Maiden name Mary Tansey

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

16. (a) Informant Mrs. Mary M. Rooney

(b) Address 4141 Mercier Ave., KC, Mo.

17. (a) Burial (b) Date thereof 5-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 4-30-47 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 4141 Mercier Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 20 1947 to Apr. 28 1947.
that I last saw him alive on Apr. 28 1947
and that death occurred on the date and hour stated above

Immediate cause of death Cardiac Asthma Duration 2-3 yrs.

Due to Arterio sclerosis about 10 yrs.
Hypertension 10 yrs.

Due to Senility 2 yrs.

Other conditions Bronchial Asthma about 5 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 95C

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) (e) Means of injury
23. Signature E. K. Robinson (M. D. or other)
Address 928 Professional Bldg Date signed Apr 30, 47

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

MOTHER FATHER

1010
Prof. Blg.

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.....

Oliver E. Heck

Licensed Embalmer No.....

4063

P. O. Address.....

16 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.