. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31366

FILED SEP 29 1947

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 3938

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community 30 years
years, months or days)

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. 425 East 54th Street 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Luke W. O'BRIEN

3. (b) If veteran, name war no

3. (c) Social Security No. 486-10-2619

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Frances A. O'Brien

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October (Month) 27 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	10	16	hr. min.

9. Birthplace Keokuk, (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation President

11. Industry or business Cook-O'Brien Const. Co.

FATHER
12. Name Patrick O'Brien
13. Birthplace --- (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary E.
15. Birthplace Hartsford, (City, town, or county) Conn. 1 (State or foreign country)

16. (a) Informant Mrs. Frances A. O'Brien
(b) Address 425 E. 54th St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 9-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1947 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-7, 1947 to 9-13, 1947
that I last saw him alive on 9-13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonitis bilateral (Virus pneumonia) — Duration 10 days

Due to

Due to ?

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

109 a

PHYSICIAN

Underline the cause of 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 0

23. Signature M. J. Owens (M. D. or other)

Address 906 Grand KCMO Date signed 9-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. J. Owens
Realty Bldg.
Mon. P.M.

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.