

S. No. 300  
DM - 10-47  
ev. 5-17-39  
I 3906

FILED JUL 3 1948  
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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days  
(Specify whether 74 Years years, months or days)

3: (a) PRINT FULL NAME Luke J. Roddy

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 Widowed

6. (b) Name of husband or wife Katherine Roddy

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

7. Birth date of deceased 6 6 1873  
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 13 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business

12. Name Michael Roddy

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

14. Maiden name Margaret Moorey

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

16. (a) Informant Mr. George E. Collins

(b) Address 2244 Troup N. C. Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Mo.

19. (a) 6-22-48 (Date received local registrar) (b) M. D. Holme (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. 5 W. 6th St. Trafficway  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1948 hour 7 minute 2 P.M.

21. I hereby certify that I attended the deceased from May 21, 1948, to June 19, 1948, that I last saw him alive on June 19, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 95

Major findings: Of operations

Of autopsy None

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 Wm W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 6-20-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address F. C. No

**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.**