

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:
1110 Baltimore Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community Wk. 1 day
years, months or days

3. (a) PRINT FULL NAME O'HARA, Charles B.

3. (b) If veteran, name war No

3. (c) Social Security No. 345-10-0231

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Nell Lutton O'Hara

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 10/5/1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>23</u>	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Motion Picture

MOTHER FATHER { 12. Name John O'Hara

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

14. Maiden name Mary Ann Hughes

15. Birthplace Chicago Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nell O'Hara

(b) Address 8131 So Maryland Ave., Chi

17. (a) Removal (b) Date thereof 7/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director John P. Sheil

(b) Address 6606 Indep. Ave., Kansas City, Mo

19. (a) 7-29-48 (b) Geraldine Holm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook

(c) City or town Chicago,
(If outside city or town limits, write "RURAL")

(d) Street No. 8131 So Maryland Ave.,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28
year 1948 hour 11 minute 40 P. M.

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

Immediate cause of death Coronary atherosclerosis

Due to pulmonary edema

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings: Of operations _____

Of autopsy as above

Duration _____

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 Coroner

23. Signature John P. Sheil (M. D. or other) _____

Address 1429 1/2 J St Date signed 7-28-48

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

John P. Shiel

Licensed Embalmer No. *3625*

P. O. Address *N 6 rd*

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.