

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24608

State File No. ....

3226

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3226

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
c. LENGTH OF STAY (in this place) 6 yrs.  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. Tuberculosis Hospital  
d. STREET ADDRESS (If rural, give location) 1833 Lawn 3238

3. NAME OF DECEASED  
a. (First) Ignora b. (Middle) O'Hara c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) 7-16-1952

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 8-11-1881 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 WEEK Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY HOME 11. BIRTHPLACE (State or foreign country) Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Christopher Nail 13b. MOTHER'S MAIDEN NAME Elizabeth Hale 14. NAME OF HUSBAND OR WIFE PAUL U. O'HARA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs R. O'Hara - 1833 Lawn

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Tuberculosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH  
002X

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 6-8-1950, to 7-16-1952, that I last saw the deceased alive on 7-16-1952, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare, M.D. (Name or title) 23b. ADDRESS K.C. T.B. Hospital 23c. DATE SIGNED 7-16-1952

24a. FUNERAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 7-25-52 24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN 24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.

DATE REC'D BY LOCAL REG. 7-16-52 REGISTRAR'S SIGNATURE Heraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar K.C. Mo.

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

*O' Hara*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Allen E. Heck*

Signed.....  
Student Embalmer

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.**