

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1056**

LEN FEB 26 1940
1939

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **41**

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: **3444 Troost**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Miss Ada F. O'Brien**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 20 1879**
(Month) (Day) (Year)

8. AGE: Years **60** Months **11** Days **13** If less than one day hr. _____ min.

9. Birthplace **Cornelia Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Edmund K. O'Brien**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Gale**

16. Birthplace **Jefferson City Mo.**
(City, town, or county) (State or foreign country)

18. (a) Informant's own signature **E. Hale O'Brien**

(b) Address **3444 Troost, K. C. Mo.**

17. (a) **Burial** (b) Date thereof **1-5-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cem.**

18. (a) Signature of funeral director **J. M. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **Jan. 4, 1940** (b) **M. M. Crowe**
(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. **3444 Troost**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **3rd**
year **1940** hour **6** minute **30** A. M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; that I last saw _____ arrive on _____, 19____; and the death occurred on the date and hour stated above. Immediate cause of death _____

With Dr. Corone
Acute pulmonary edema
Acute coronary occlusion (st)
Coronary sclerosis 94%

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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 **Walter H. Hubler** M. D. or other _____
Address **K. C. Mo.** Date signed _____

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 Cecil R. Mathis

Licensed Embalmer No. 3807

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, above space should be left blank.