

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 2 Years

8. (a) PRINT FULL NAME Jeremiah Lehane

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

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 15, 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 21 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Harry Bechtel
 (b) Address 111 No. Lawndale

17. (a) Burial (b) Date thereof March 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son,
 (b) Address Kansas City, Mo.

19. (a) 3/6/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 111 No. Lawndale
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6,
 year 1941 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 2,
1941 to March 6, 1941.
 that I last saw him alive on March 6, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death Failure of
right ventricle in test and
hypostatic pneumonia
 Due to Fracture of Right Hip 4 day

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

Major findings:
 Of operations _____
 Of autopsy _____

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) Acc.
 (b) Date of occurrence March 2, 1941
 (c) Where did injury occur? Kansas City, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

23. Signature H. H. Graham (M. D. or other) M.D.
 Address 518 Argyle Bldg. Date signed 3-7-41

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

18
500

copy

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 *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *K. C. 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.