No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24199

State File No. 2738

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

48
3
8

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 80 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 5501 Charlotte
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Michael Kennally

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Josephine Kennally

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

7. Birth date of deceased July 26, 1858
(Month) (Day) (Year)

8. AGE: Years 82 | Months 11 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Keokuk (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Retired--Police Dept.

11. Industry or business

MOTHER FATHER

12. Name Michael Kennally

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

14. Maiden name Ellen McCarthy

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

16. (a) Informant Miss Mamie Kennally

(b) Address 5501 Charlotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk and Tahin Co.

(b) Address Kansas City, Mo.

19. (a) 7-22-41 (Date received local registrar) (b) M. M. Grown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22 year 41 hour 8 minute 4 M.

21. I hereby certify that I attended the deceased from 7-26-37, 19..., to 7-22-41, 19...; that I last saw him alive on 7-21-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Ca of prostate Bi lateral pyonephrosis c̄ lower ureteral

Due to Obstruction

Due to 51

Other conditions Metastatic sub sterna
(Include pregnancy within 3 months of death)

Major findings: Of operations Abscess prostatic Ca. Obstr

Of autopsy Same

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Morris J. Brown (M. D. or other) 0

Address 600 Prof Bldg Date signed 7-22-41

561

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.