

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3098

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Little Sisters of the Poor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 (Specify whether years, months or days)  
In this community 4 months 15 days

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. 5331 Highland  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John Rooney

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 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. December 1, 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Michael Rooney  
13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Finley  
15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Camille

(b) Address 5331 Highland

17. (a) Burial (b) Date thereof 8/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holton, Kansas

18. (a) Signature of funeral director Quirk & Taben Co

(b) Address Kansas City, Mo

19. (a) 8/16/41 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16  
year 1941 hour 4:30 minute a M.

21. I hereby certify that I attended the deceased from Aug 2  
1941 to Aug 16 1941  
that I last saw him alive on Aug 16 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 5 days

Due to Pneumonia of gland  
left side of chest  
Due to about 15 years

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

Major findings: Of operations SS  
Of autopsy no  
PHYSICIAN SS  
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 John T. Brown (M. D. or other) MD  
Address 1402 Bryant Bldg Date signed 8/16/41

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

below

**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..... *Harold Perry*.....  
Licensed Embalmer No. *4091*.....  
P. O. Address..... *KC 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.**