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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33998
3938

Registration District No. 309 Primary Registration District No. 1102 Registrar's No.

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: 1521 Holmes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 70 years (Specify whether years, months or 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.: 1521 Holmes
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Miss Ellen J. O'Brien
3. (b) If veteran, name war: x x
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Sgl
6. (b) Name of husband or wife: x x
6. (c) Age of husband or wife if alive: x x years
7. Birth date of deceased: August (Month) 27 (Day) 1866 (Year)

8. AGE: Years 75 Months 1 Days 23 If less than one day hr. min.

9. Birthplace: Johnson County (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: at Home
11. Industry or business:
MOTHER FATHER
12. Name: John O'Brien
13. Birthplace: Ireland (City, town, or county) 4 (State or foreign country)
14. Maiden name: Ellen Barry
15. Birthplace: Ireland (City, town, or county) 4 (State or foreign country)
16. (a) Informant: Mrs Hannah Swain
(b) Address: 1521 Holmes
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 23-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's
18. (a) Signature of funeral director: J. M. Wagner
(b) Address: Kansas City, Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th year 1941 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from Oct 1941, 19 41, to Oct 20, 19 41, that I last saw her alive on Oct 20. 1941, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia - Lobar	2-3 days
Chronic Myocarditis c Dump	4-5 mo
Due to	
Due to	
Other conditions: no (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: no

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): no
(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: Douglas Jackson (M. D. or coroner)
Address: 1103 Jackson Date signed: 10/22/41

(Licensed Embalmer's Statement on Reverse Side)

03 E. [illegible]

ME - 4193

at 1 P.M. Wed 10-22-41

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. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Misso

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

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33998

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3938

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Miss Ellen T O'Brien
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 27 1866 (Month) (Day) (Year)
8. AGE: Years 75 Months 1 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Jan. 29, 1942 (Date received local registrar) (b) R. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 20 Day year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY