

DEC 18 1941

696

4418

Registrar's No. 24

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Platte City *Mo*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At. Home *1*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME George Leo O'Rourke

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

4. Sex Male *0* 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susan Stallard 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 2, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>5</u>	<u>1</u>	<u>8</u> hr. <u>45</u> min.

9. Birthplace Platte City, Missouri *0*
(City, town, or county) (State or foreign country)

10. Usual occupation Telephone Lineman

11. Industry or business Communications

12. Name Lawrence O'Rourke

13. Birthplace Missouri *0*
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rich

15. Birthplace Weston, Missouri *0*
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susan Stallard O'Rourke

(b) Address Platte City, Missouri

17. (a) Burial (b) Date thereof 11-5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City, Mo.

18. (a) Signature of funeral director E. Benjamin Cost

(b) Address Platte City, Missouri

19. (a) Nov 4, 1941 Mrs. Frances E. Murray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: *83*

(a) State Missouri (b) County Platte

(c) City or town Platte City,
(If outside city or town limits, write "RURAL") *000*

(d) Street No. 2nd Street
(If rural, give location) *0*

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1941 hour 8:00 minute 45 M.

21. I hereby certify that I attended the deceased from June 10, 1941, to November 3, 1941, that I last saw him alive on November 3, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis *1 hour*
Due to Hypertension & arteriosclerosis *5 years*

Due to 94a

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) (Specify means of injury)

23. Signature Philip L. Griffin (M. D. or other) *0*
Address Platte City, Mo Date signed 11/3/41

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 *E. Benjamin Cast*

Licensed Embalmer No. *4059*

P. O. Address *Platte City, Mo.*

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

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