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7-5-17-39  
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1955

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 27 1942

Registration District No. 56

Primary Registration District No. 5220

Registrar's No. 30

19  
0  
0

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

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution:  
Cass Co Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 1/2 yr (Specify whether years, months or days)

In this community 9 1/2 years, months or days (Specify whether years, months or days)

8. (a) PRINT FULL NAME FRANK TIERNEY

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

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 \_\_\_\_\_

7. Birth date of deceased Nov 23 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>2</u>	<u>24</u>	hr: _____ min.

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

10. Usual occupation Occupant of Co Home

11. Industry or business \_\_\_\_\_

12. Name Peter Tierney

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

14. Maiden name Hannah Mc Dermott

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

16. (a) Informant Co Home Records

(b) Address Harrisonville Mo.

17. (a) burial (b) Date thereof 2-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) 2-17-42 (b) Margaret Voller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Harrisonville (Rural)  
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16  
year 1942 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1938  
to Jan 31, 1942 ;  
that I last saw him alive on Feb. 12, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Supine Hemiplegia  
& Strokes of Cerebrum

Due to	Duration
_____	_____
_____	_____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 116!

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) (e) Means of injury 0

23. Signature E. M. Luffus (M. D. or other) \_\_\_\_\_

Address Harrisonville Mo. Date signed 2/17/42

**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.

*Not embalmed*

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**