

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5544

State File No. ....

Registrar's No. **681**

**MAR 9 1942**  
Registration District No. ....

Primary Registration District No. **1002**

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:  
**6442 Hagerwood Road**  
(If not in hospital or institution, write street number or location)

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

In this community **2 Weeks**  
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. **416 North Van Brunt**  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**  
If yes, name country.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Miss Anna Theresa O'Rourke**

20. DATE OF DEATH: Month **February** day **16**  
year **1942** hour **1** minute **20 A.M.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **486-05-6621**

21. I hereby certify that I attended the deceased from **Feb. 6** 1942 to **Feb 16** 1942 that I last saw her alive on **Feb 14** 1942 and that death occurred on the date and hour stated above

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

Immediate cause of death **acute nephritis**

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

Due to **Recent influenza**

7. Birth date of deceased **October 27 1888**  
(Month) (Day) (Year)

Due to **33 B**

8. AGE:	Years	Months	Days	If less than one day
	<b>53</b>	<b>3</b>	<b>19</b>	hr. min.

Other conditions (Include pregnancy within 3 months of death)

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

PHYSICIAN

Major findings:  
Of operations **no**  
Of autopsy **no**

Underline the cause to which death should be charged statistically.

10. Usual occupation

11. Industry or business **Southwestern Bell Tel. Co**

12. Name **Michael O'Rourke**

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

14. Maiden name **Bridget Gent**

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

16. (a) Informant **A. M. Elmer**

(b) Address **416 N. Van Brunt**

17. (a) **Burial** (b) Date there **Feb. 18, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **D. J. Hudonius**

(b) Address **1401 Brush Creek Blvd**

19. (c) **2/17/42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **no**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**no**

While at work? **no** (Specify type of place) (e) Means of injury **no**

23. Signature **J. F. Mackey** (M. D.)  
Address **Kansas City Mo** Date signed

**Feb 16, 1942**

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

MOTHER FATHER

*me*

Dr. J. F. Mackey  
Phy. Bldg.  
10305

*C. Hervey Quisenberry*

**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 *C. Hervey Quisenberry*  
Licensed Embalmer No. *40700*  
P. O. Address *S. C., 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.