

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 1 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9636

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1037

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: no 203 E 13
(d) Length of stay: In hospital or institution 50 yrs
In this community years or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 203 East 13
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Timothy Chas. Hallissy
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 8 year 1942 hour 8 minute 50 P M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife Georgia Hallissy
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased FEB - 24 - 1881

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Acute Pulmonary Edema

8. AGE: Years 61 Months 0 Days 16 hr. min.

Due to: Hypertensive myocardial
Other conditions: (Include pregnancy within 3 months of death) 938

9. Birthplace Liberty Mo

Major findings: Of operations
Of autopsy
PHYSICIAN: Underline the cause to which death should be charged statistically.

10. Usual occupation clerk

11. Industry or business Drug clerk

12. Name Timothy Hallissy

13. Birthplace Cook Co, Ireland

14. Maiden name Mary Sedwigh

15. Birthplace Westmeath Ireland

16. (a) Informant Amelia P Kelly
(b) Address 248 1/2 Park Stockton Calif

17. (a) Burial (b) Date thereof Mar - 14 1942
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director A. P. Doehler
(b) Address 1415 E 15

19. (a) 5/13/42 (b) M. M. Crown
(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)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature Russell W. Jensen (M. D. or other)
Address Date signed

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

18
3
8

048
30

361

(Licensed Embalmer's Statement on Reverse Side)

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..... *H. P. Doshler*

Licensed Embalmer No..... *1166*

P. O. Address..... *1415 E 15*

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.