S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26462

FILED SEP 11 1942

Registration District No. 149

Primary Registration District No. 100

Registrar's No. 3290

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:
Kansas City General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 56 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 5100 Walnut Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anna O'Hare

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased December (Month) 23rd (Day) 1885 (Year)

8. AGE: Years 56 | Months 11 | Days 10 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James O'Hare
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Johanna Mahoney
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs Margaret Dalton
(b) Address 5100 Walnut Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary'S Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri

19. (a) Sept 4, 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd year 1942 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from 8-27-42, 19__, to 9-3-42, 19__; that I last saw her alive on 9-3-42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Encephalomalacia	
Due to Hypertension 83c	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

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 0

23. Signature Emery R. Thom (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

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(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.....Russell N France

Licensed Embalmer No.....4255

P. O. Address.....K.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.