

FILED JAN 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4887

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:
3308 Karnes Blvd 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 23 years
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. 3308 Karnes Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN MAURICE HEALY

(b) If veteran, name war No (c) Social Security No. 487-10-2709

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Amanda Healy 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Aug 28 1887
(Month) (Day) (Year)

8. AGE: Years 55 * Months 3 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Superintendent

11. Industry or business American Butter Co.

12. Name Cornelius Healy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Daly
15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amanda Healy
(b) Address 3308 Karnes Blvd

17. (a) Removal (b) Date thereof Dec-30-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dubuque-Iowa

18. (a) Signature of funeral director Walter E. Tobin Co.
(b) Address 20 West Linwood

19. (a) 12-29-42 (b) M. M. Brown
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29 year 1942 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from October 1942 to December 27, 1942
that I last saw Healy alive on December 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 hours

Due to Arteritis-Nitration & Cardiac Nitration 2 yrs
Due to Terrific Infarction 4 yrs

Other conditions None 94a
(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) (e) Means of injury _____

23. Signature A. J. Reid, M.D. (M. D. or other) _____
Address 238 North Market Bldg. Date signed 12/26/42

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

MOTHER FATHER

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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 Charles M Quirk

Licensed Embalmer No. 3774

P. O. Address Kansas City 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.