

S. No. 2-
M-5.42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39742

State File No. _____

4929

Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

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

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 hours
(Specify whether)
 In this community 49 yrs
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. 3419 Penn
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DENNIS F. HENNESSY
 (b) If veteran, name war World War
 (c) Social Security No. None

20. DATE OF DEATH: Month Dec. day 30th
 year 1942 hour 3: minute 30 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive 1893 years
 7. Birth date of deceased Apr 5
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 29, 1942 to Dec. 30, 1942
 that I last saw him alive on Dec. 30, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 8 Days 25 If less than one day _____ min.
 9. Birthplace K.C. Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Fireman

Immediate cause of death acute pulmonary edema
 Due to dilatation of heart **6 days**
 Due to _____
 Other conditions myo-cardial fibrosis
(Include pregnancy within 3 months of death) 930

MOTHER FATHER

11. Industry or business _____
 12. Name Dennis Hennessy
 13. Birthplace Deland
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Enright
 15. Birthplace Deland
(City, town, or county) (State or foreign country)
 16. (a) Informant Margaret Hennessy
 (b) Address 3419 Penn
 17. (a) Burial (b) Date thereof 1/2/1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Wm. M. Crowe
 (b) Address 20 West Linwood
 19. (a) 12-31-42 (b) W. M. Crowe
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations acute
 Of autopsy acute pulmonary edema
dilatation of heart myo-cardial fibrosis
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) (e) Means of injury _____
 23. Signature W. M. Crowe (M. D. or other) _____
 Address 906 Grand Avenue Date signed 12-31-42

JAN 12 1943

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. Zuerk

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.