. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

Registration District No. 72

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5289

1968

State File No.

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Randolph [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Roual Route # 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 8 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Rural Route #1 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. North Kansas City
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John T. HENNESSEY.

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Alice M Hennessey

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

7. Birth date of deceased May (Month) 28th (Day) 1882 (Year)

8. AGE: Years 60 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Humbolt (City, town, or county) Nebraska 1 (State or foreign country)

10. Usual occupation Retired Foreman

11. Industry or business K.C.Terminal Mail Room

FATHER
12. Name Thomas Hennessey
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

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

16. (a) Informant Alice M. Hennessey
(b) Address R.F.D. North K.C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43 (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) Jan 27-43 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th year 1943 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from Nov 25, 1942, 19, to Jan 23, 1943 that I last saw him alive on Jan 23, 1943, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation — Duration 3-4 yrs

Due to Chronic myocarditis

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R H Dunham (M.D. or other)

Address [illegible] Date signed 1/30/43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-9-43

MAR 30 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 [signature]

Licensed Embalmer No. 2999

P. O. Address 155

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.