

FILED JUN 7 1948 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2456

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days

3. (a) PRINT FULL NAME INFANT HENNESSY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 0

5. Color or race White 0

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: May 26th, 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____-hr. 17 min.

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

10. Usual occupation N. B.

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Joseph Hennessy

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

{ 14. Maiden name Penelope Halloran

{ 15. Birthplace Galway County Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Michael J. Hennessy

(b) Address 4434 Genessee

17. (a) Burial (b) Date thereof 5-29-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quicker-Pedra Co.

(b) Address 20 West Winwood

19. (a) 5730/43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4434 Genessee 8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1943 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 26
1943 to May 28 1943
that I last saw him alive on May 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Icterus neonatorum 2

Due to Possible Prothrombin deficiency & mother's blood being checked.

Due to _____

Other conditions 16/c
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy Icterus - Cause as yet undetermined

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 Leo A. O'Brien M.D. (M. D. or other) MD
Address 1002 Argyle K.C. Mo Date signed 5/29/43

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

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..... *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.