S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 19[illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20407

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2779

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

(d) Length of stay: In hospital or institution 5 wks. (Specify whether
In this community 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1918 Myrtle
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James T. Henehan

3. (b) If veteran, name war no -

3. (c) Social Security No. 496-10-9175

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Helen Henehan

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

7. Birth date of deceased 6 (Month) 1 (Day) 1885 (Year)

8. AGE: Years 58 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation Plumber

11. Industry or business

FATHER
12. Name Patrick Henehan
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Ellen Hynes
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Robert E. Henehan
(b) Address N. K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cemetery Calvary

18. (a) Signature of funeral director Turk Tobin
(b) Address 20 West Linwood

19. (a) 6-21-43 (Date received local registrar) (b) T. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1943 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 8, 1942 to June 20, 1943 that I last saw him alive on June 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death carcinomatosis -

Due to Carcinoma - Rt Submaxillary glands

Due to 55e

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration: Probably a year

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 [illegible] (M. D. or other)
Address 1103 Grand Ave Date signed 6/21/43

(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 Harlyn Hoe, Registered Apprentice No. ....., working under my personal supervision.

Signed Harlyn Hoe

Licensed Embalmer No. 2810

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.