

FILED FEB 3 1949
Registration District No. **1002**

Primary Registration District No. **1002**

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 42 years
(Specify whether 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. 1411 Jefferson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL REARDON

3. (b) If veteran, name war no
3. (c) Social Security No. 489-22-8108

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Jane 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased November 15, 1871
(Month) (Day) (Year)

8. AGE: Years 62 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER 12. Name Thomas Reardon

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

14. Maiden name Johanna Sheehan

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

16. (a) Informant Mrs. Jane Reardon

(b) Address 1411 Jefferson

17. (a) Burial (b) Date thereof 1/17/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Durk and Gabler Co.

(b) Address 20 West Linwood Blvd.

19. (a) Jan 17 - 1944 (b) J. B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/14 day 14 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1/7/44 to 1/14/44
that I last saw him alive on 1/14/44 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days

Due to Carcinoma of Rectum ?

Other conditions 46h
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Rectum
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) _____ Means of injury _____

23. Signature: J. B. Brown (M. D. or other) _____
Address 1401 S. W. Blvd. Date signed 1/14/44

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

194 OFF

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 Zwick

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.