

FILED AUG 14 1944

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: Jackson  
 (a) County: Kansas City  
 (b) City or town: Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 624 Campbell  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: XX (Specify whether years, months or days)  
 In this community: 50 years

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.: 624 Campbell 8  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: U

3. (a) PRINT FULL NAME: JOHN FOLEY  
 3. (b) If veteran, name war: No  
 3. (c) Social Security No.: None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug. day 1st  
 year 1944 hour 12: minute 05 P. M.

4. Sex: Ma 0  
 5. Color or race: Wh  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (c) Age of husband or wife if alive: XX years  
 7. Birth date of deceased: March 25 1874  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1 1940 to Aug 1 1944  
 that I last saw him alive on Aug 1 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 4 Days 6  
 If less than one day hr. min.

Immediate cause of death: Heart exhaustion  
 Due to: Weak heart muscle  
 Due to: none  
 Other conditions: (Include pregnancy within 3 months of death)  
 Major findings: Of operations: 930  
 Of autopsy:

9. Birthplace: Ireland 4  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation: Policeman  
 11. Industry or business: K.C. Police Dept.  
 12. Name: Timothy M. Foley  
 13. Birthplace: County Kerry Ireland 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Bridget Collins  
 15. Birthplace: County Kerry Ireland 4  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Dennis Halpin  
 (b) Address: 711 Admiral Blvd  
 17. (a) Burial (b) Date thereof: 8-3-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Mt. St. Mary's  
 18. (a) Signature of funeral director: J.M. Wagner  
 (b) Address: Kansas City, Mo.  
 19. (a) 8-2-44 (b) T.E. Brown  
 (Date received local registrar) (Registrar's signature)

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: S.C. McCormick (M. D. or other)  
 Address: Kansas City Mo Date signed: 8-2-44

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

MOTHER FATHER

761

11272-2  
V1-0542  
11272-2  
V1-0542

**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 Alvin R. Haunschild

Licensed Embalmer No. 4159

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.**