

FILED AUG 23 1944

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St. Lukes Hospital
(d) Length of stay: In hospital or institution 6 Days
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(d) Street No. 304 North 18th St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Dennis J. Feehan

3. (b) If veteran, name war None
3. (c) Social Security No. 496-07-4075

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unk.
6. (c) Age of husband or wife if alive years 7 1873

8. AGE: Years 71 Months 6 Days 28
If less than one day hr. min.

9. Birthplace Ireland 4

10. Usual occupation Night Watchman

11. Industry or business Continental Can Co.

12. Name James Feehan

13. Birthplace Ireland 4

14. Maiden name Mary Guilford

15. Birthplace Ireland 4

16. (a) Informant Record Clerk

(b) Address St. Lukes Hospital K.C. Mo

17. (a) Burial (b) Date thereof Aug 8-44

(c) Place: burial or cremation Mt Calvary

18. (a) Signature of funeral director Jos. A. Butlers Sons

(b) Address 22 2nd St. K.C.K.

19. (a) 8-8-44 (b) N. E. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
year 1944 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 30
1944, to Aug 5 1944
that I last saw him alive on Aug 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Coronary Thrombosis

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations

Of autopsy Same as above.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Daniel V. Brown M.D. (M. D. or other)
Address Plaza Med Bldg K. City Mo Date signed 8/1/44

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

MOTHER FATHER

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..... *Paul Bell*
Licensed Embalmer No. *Mo. 3426*
P. O. Address *Kansas City, Kansas*

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.