

FILED OCT 24 1944

Registration District No. 149

Primary Registration District No. 1002

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

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: 3305 Forest
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution XX (Specify whether)

In this community 59 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42

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

(d) Street No. 3305 Forest 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 11

3. (a) PRINT FULL NAME WILLIAM THOMAS LEARY

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Ma 0 5. Color or race Wh

6. (a) Single, widowed, married, divorced 0 sgl

6. (b) Name of husband or wife XX

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

7. Birth date of deceased: January 14 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 8 26 hr. min.

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

10. Usual occupation Retired office Employee

11. Industry or business Armour Packing Co.

12. Name Daniel Leary

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sullivan
(City, town, or county) (State or foreign country)

15. Birthplace Nashville Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Miss Leary

(b) Address 3305 Forest

17. (a) Burial (b) Date thereof 10-13-44
(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) 10-11-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th

year 1944 hour 9: minute 15 P.M.

21. I hereby certify that I attended the deceased from 12. 1. 1944 to 10. 10. 1944

that I last saw him alive on 10 9 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions 93 D
(Include pregnancy within 3 months of death)

Major findings:
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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. V. Bannick (M. D. or other): _____

Address City Date signed 10. 11. 44

Original
W. J. Powell
VI - 3345 TEL 41:30 P.M.

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. Hammechild*

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.