. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8738

State File No. .....

FILED MAR 31 1945

Registration District No. 1449

Primary Registration District No. 1002

Registrar's No. 1270

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. Marys Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City 997
(If outside city or town limits, write "RURAL")

(d) Street No. 105 South Cherokee 14
(If rural, give location)

(e) Citizen of foreign country? No. 2 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Thomas J. O'Brien

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male D

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Kathryn A. O'Brien

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

7. Birth date of deceased December 13, 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	3	hr. min.

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

10. Usual occupation Switchman Ret. 8 yrs.

11. Industry or business Frisco R. R.

FATHER
12. Name No Record
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Charles E. O'Brien
(b) Address 4200 South Thompson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Marys Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd. K. C. Kans.

19. (a) 3-19-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from March 12, 1945 to March 16, 1945
that I last saw him alive on March 15, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac dilatation	3 days
Due to Myocarditis	1 mo.
Due to Sclerotic heart disease	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 D
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 0

23. Signature P. J. O'Connell M.D. (M. D. or other)
Address 207 Uptown Bldg. Date signed 3/16-45

36'

(Licensed Embalmer's Statement on Reverse Side)

Dr. P.J. O'Connell
Uptown Bldg

APR 5 1945

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 Wm L Ward

Licensed Embalmer No. 3991

P. O. Address 309 E. 67th St

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.

K.C.Mo.