

S. No. 2
M-5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

23129

State File No.

FILED AUG 4, 1945

Registration District No.

Primary Registration District No. 1002

Registrar's No.

3181

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:
General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether)
 In this community 3 yrs
years, months or days

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. 1100 Admiral Blvd. 8
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elzora O'Rourke
 3. (b) If veteran, name war me 3. (c) Social Security No. 321
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Thomas A. O'Rourke 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct-30 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 26
 year 1945 hour 3 minute 30 P.
 21. I hereby certify that I attended the deceased from July 24, 1945, to July 26, 1945;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 8 Days 26 If less than one day _____ hr _____ min.

Immediate cause of death cerebral hemorrhage
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Kans 1
(City, town, or county) (State or foreign country)
 10. Usual occupation at home
 11. Industry or business Steven Thomas
 12. Name Steven Thomas
 13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace No Record 9
(City, town, or county) (State or foreign country)
 16. (a) Informant Levin W O'Rourke
 (b) Address 1100 Admiral
 17. (a) Burial (b) Date thereof 7/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Urich, Mo.
 18. (a) Signature of funeral director Don C L Foster
 (b) Address 718 Brooklyn
 19. (a) 7-28-45 (b) Geraldine Holmes
(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) Years of injury _____
 23. Signature Clark A. Seligson (M. D. or other)
 Address Med. Dir. K.C. General Hospital Date signed _____

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

MOTHER FATHER

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

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 *G. H. Miller*.....

Licensed Embalmer No. 2540.....

P. O. Address. R @ 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.