S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32835

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4510

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ hours (Specify whether years, months or days)

In this community 15 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.: 2 East 56 th Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Michael J. O'HEARN

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: Teresa O'Hearn

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: November (Month) 15 (Day) 1863 (Year)

8. AGE: Years 81 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation: Retired - 3 years

11. Industry or business: Probate Court K.C. Mo.

FATHER
12. Name: James O'Hearn
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name: Catherine Norris
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant: Teresa O'Hearn
(b) Address: 2 East 56th St. Kansas City Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. - 2 - 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery K.C. Mo.

18. (a) Signature of funeral director: Jos. A. Butler & Sons
(b) Address: 22 So 18 K.C.K

19. (a) 11-1-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 th year 1945 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Coroner to 19..; that I last saw h alive on 19..; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Shock

Due to: Multiple Fractures of Pelvis

Due to: Auto Trauma.

Other conditions (Include pregnancy within 3 months of death): (Car & Pedestrian)

Major findings of operations: MVC

Of autopsy: See above

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): Accident 123

(b) Date of occurrence: Oct. 29, 1945

(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)

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

While at work? No (e) Means of injury: Trauma

23. Signature: Jamie O. Walker (M. D. or other) Coroner

Address: 1424 Ang Ally Date signed 10-30-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2997

P. O. Address..... K.C.

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.