

FILED MAY 13 1946  
Registration District No. 149

Primary Registration District No. 1002

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 No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether  
In this community 6 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. 2505 E. 10 St. 8  
(If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Helen O'Hare  
(b) If veteran, name war no  
(c) Social Security do not know

4. Sex Female / 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Edward O'Hare  
(c) Age of husband or wife if alive unk. years  
7. Birth date of deceased June 8 1903  
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 21  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Cephas Luller

13. Birthplace Richmond MO  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Ford

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward O'Hare

(b) Address 2505 E 10 St

17. (a) Burial (b) Date thereof 5/2/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt of Mary's

18. (a) Signature of funeral director Pasantio Bros

(b) Address 17 C. Mo.

19. (a) 4-30-46 (b) Thelma Holmes  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1946 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 17 1946 to April 29 1946  
that I last saw her alive on April 29 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral pyo-  
ureters, pyonephrosis with  
uremia; Bronchopneumonia bilateral

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See above

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) Means of injury 0

23. Signature Wm W Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 4-29-46

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

12209

*M. Duch...*

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**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 *Francis Walter*  
Licensed Embalmer No. *2744*  
P. O. Address *K C 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.**