

No. 2
OM-5-43
v. 5-17-39
I X36671

State File No.

Registrar's No.

FILED JUN 20 1946

Registration District No. 79

Primary Registration District No. 1002

2461

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)

In this community unknown

3. (a) PRINT FULL NAME Daniel Hallisey

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Vertie Hallisey

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

7. Birth date of deceased February 14, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>70</u>	<u>3</u>	<u>19</u>	

9. Birthplace Kenneth Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation retired telegrapher

11. Industry or business

12. Name Daniel Thomas Hallisey

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

14. Maiden name Margaret Mc Cormick

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

16. (a) Informant Vertie S. Hallisey

(b) Address 3123 Bell

17. (a) removal (b) Date thereof 6-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Catholic Cem.

18. (a) Signature of funeral director H.E. Julien

(b) Address Olathe Mo.

19. (a) 6-4-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3123 Bell
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1946 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 19, 1946, to June 3, 1946.
that I last saw him alive on June 3, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral vascular accident
Terminal bronchopneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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)

(c) Means of injury

23. Signature Wm W Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 6-4-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Anderson

JAN 29 1959

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 *H. E. Julian*
Licensed Embalmer No. *2042*
P. O. Address *Olathe Kas.*

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.