

**FILED** AUG 14 1946

Registration District No. 149 Primary Registration District No. 1002

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 6 days  
(Specify whether years, months or days)  
 In this community unknown

**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. 6026 Lexington  
(If rural, give location)  
 (e) Citizen of foreign country? unknown (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Patrick Fennessey

**3. (b) If veteran,** name war no **3. (c) Social Security** Do not know

**4. Sex** MO **5. Color or race** W **6. (a) Single, widowed, married, divorced** Do not know

**6. (b) Name of husband or wife** unknown **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** 1886  
(Month) (Day) (Year)

**8. AGE:** Years 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Do not know (City, town, or county) (State or foreign country)

**10. Usual occupation** none

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

MOTHER FATHER

**12. Name** Do not know

**13. Birthplace** \_\_\_\_\_ (City, town, or county) (State or foreign country)

**14. Maiden name** Do not know

**15. Birthplace** \_\_\_\_\_ (City, town, or county) (State or foreign country)

**16. (a) Informant** Father, McDaniel

**(b) Address** no car and man

**17. (a) Burial** in the cemetery **(b) Date thereof** July 27 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** \_\_\_\_\_

**18. (a) Signature of funeral director** Patricia D...  
**(b) Address** \_\_\_\_\_

**19. (a) 7-30-46** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 28  
 year 1946 hour 1 minute 20 P.M.

**21. I hereby certify that I attended the deceased from** July 22 1946 to July 28 1946;  
 that I last saw him alive on July 28 1946;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Chronic glomerulonephritis

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

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

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

**Major findings:** 1318  
 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)** \_\_\_\_\_  
**(e) Means of injury** 2020 Hart

**23. Signature** W. W. Hart **(M. D. or other)** \_\_\_\_\_  
**Address** Med. Dir. Gen'l Hosp. **Date signed** 7-29-46

**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 Francis Walter

Licensed Embalmer No. 27

P. O. Address. 12

**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.**