

FILED **SEP 21 1946** STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1160

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution State Hosp # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 yrs 8 mo 8 days (Specify whether years, months or days)  
In this community 8 years 8 mo. 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2010 Pruders  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Levi O'Hara

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 0

4. Sex MO 5. Color or race W. 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Ella O'Hara 6. (c) Age of husband or wife if alive not stated years

7. Birth date of deceased Dec 16 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 26 If less than one day hr. min.

9. Birthplace unk Irish  
(City, town, or county) (State or foreign country)

10. Usual occupation Card Engineer

11. Industry or business

MOTHER FATHER { 12. Name Henry Clay O'Hara  
13. Birthplace unk Irish  
(City, town, or county) (State or foreign country)  
14. Maiden name Prucilla Henry  
15. Birthplace Galaterra Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Gordon  
(b) Address Card House, Public Den

17. (a) ~~Removal~~ (b) Date thereof 10-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hatchison, Kans.

18. (a) Signature of funeral director Flemonson Inc  
(b) Address St Joseph, Mo.

19. (a) Oct. 17, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12  
year 1946 hour about 5 minute 12 M.

21. I hereby certify that I attended the deceased from Sept 25/46 1946 to Oct 11/46 1946  
that I last saw him alive on Oct 11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus Stroke

Due to Cerebral Arteriosclerosis 4 yrs

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_  
(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 1

23. Signature L. S. Truck (M. D. or other) \_\_\_\_\_  
Address State Hosp # 2 Date signed 10/12/46

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

OCT 30 1948

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.....

*Robert H. Gage*

Licensed Embalmer No. ....

*3308*

P. O. Address: .....

*St. Joseph 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.**