

**FILED JAN 13 1947**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40702

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5473

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:  
920 West 39th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 years (Specify whether  
In this community 11 years, months or days)

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. 920 West 39th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD MICHAEL LENAHAN

3. (b) If veteran, name war No 3. (c) Social Security No. 500-14-8919

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased June 10 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 09 Days 6 20. hr. \_\_\_\_\_ min. If less than one day

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

10. Usual occupation Drillers Helper

11. Industry or business Layne-Western Drilling

MOTHER FATHER { 12. Name Patrick Lenahan

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

14. Maiden name Mary Curry

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

16. (a) Informant James L. Foster

(b) Address 326 Kearns Bldg, 3rd Fl, City Center

17. (a) Removal (b) Date thereof 12/30/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tonganoxie, Kansas

18. (a) Signature of funeral director Walter J. Robin

(b) Address 20 West Linwood

19. (a) 12-30-46 (b) Thalldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day Dec  
year 1946 hour 8:10 minute A M.

21. I hereby certify that I attended the deceased from Deputy Coroner to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Jeuneuronia

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

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

Other conditions Diabetic mellitus  
(Include pregnancy within 3 months of death)

Major findings: no op of operations \_\_\_\_\_

Of autopsy no autopsy

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) Nature 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 \_\_\_\_\_

23. Signature J. H. Owens (M. D. or other) \_\_\_\_\_

Address 1100 P. Ave Date signed 12/30/46

FEB 24 1944

**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 Howard W. Farmer  
Licensed Embalmer No. 4134  
P. O. Address Kansas City Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**  
If this body is not embalmed, fact should be so stated above.