No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1371

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 443

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: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte 99
(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")
(d) Street No. 1926 West 36th St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME RUDOLPH T. TIERNEY
3. (b) If veteran, name war No
3. (c) Social Security No. 702-07-4731
4. Sex Ma 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife June Tierney
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased April (Month) 28 (Day) 1898 (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	9	1	hr. min.

9. Birthplace Springfield (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Machinist
11. Industry or business Frisco R.R.
FATHER
12. Name Rhode Tierney
13. Birthplace Hannibal (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Rose McKenna
15. Birthplace (City, town, or county) Michigan/ (State or foreign country)
16. (a) Informant Mrs. June Tierney
(b) Address 1926 West 36th St. KCK
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Chapman, Kansas
18. (a) Signature of funeral director J.W. Wagner
(b) Address Kansas City, Mo.
19. (a) 1-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th year 1947 hour 1: minute 05 A M.

21. I hereby certify that I attended the deceased from 1/22 1947 to 1/29 1947 that I last saw h[illegible] alive on 1/29 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infarction both lungs	1/22/47
Fracture, hepl femur.	
Due to anoxemia	1/26/47
Due to	
Other conditions (Include pregnancy within 3 months of death)	

176-8
8

Major findings: Of operations Infarction lungs. Fracture Femur. Multiple fractures of Ribs
Of 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) accident 12
(b) Date of occurrence 1/22/47
(c) Where did injury occur? Kc (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (falling object.) (Specify type of place)
While at work? Yes (e) Means of injury machinery 0
23. Signature [illegible] (M. D. or other)
Address 8714 Parter Bldg Date signed 1/29/47

(Licensed Embalmer's Statement on Reverse Side)

Porter Eng
VA 5600

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 Alvin R. Hammerschlag

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.