S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17554

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2308

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: 620 West 61st Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 620 West 61st Street 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM H. O'BRIEN

3. (b) If veteran, name war World War I

3. (c) Social Security No. 490-16-2045

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ina L. O'Brien

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January (Month) 1 (Day) 1887 (Year)

8. AGE: Years 60 Months 4 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Lenox (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Pharmacist

11. Industry or business Own

FATHER
12. Name William H. O'Brien
13. Birthplace Cork (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Hanna Cashman
15. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs Ina L. O'Brien
(b) Address 620 West 61st St, K.C. MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem, KC.Mo

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 E Linwood Blvd, K.C. Mo

19. (a) 5-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 15th, 1947, to May 25th, 1947, that I last saw him alive on May 24th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Cardiac insufficiency

Due to Cardio Vascular disease hypertension & Myocardial degeneration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
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)

(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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MO

Address 807 Argyle Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

RG 7/10

Dr Terry E Doilly
Argyle Bldg
VI - 9670

AUG 6 1941

AUG 5 1947

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.....

Licensed Embalmer No. 2999 KC

P. O. Address.....

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.