S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27862

FILED AUG 26 1947

Registration District No. 1449 — Primary Registration District No. 1002 — Registrar's No. 3439

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: 1455 EAST-78TH STREET (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: — (Specify whether years, months or days)
In this community: 4 YEARS

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.: 1455 EAST-78TH STREET (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: MRS. MARY BELLE O'BRIEN
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: MR. JOHN O'BRIEN
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: MARCH (Month) 7 (Day) 1861 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 5 | 4 | hr. min. |

9. Birthplace: TRENTON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: —
12. Name: A. A. COLEMAN
13. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
14. Maiden name: AMANDA LESTER
15. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
16. (a) Informant: MR. JOHN R. O'BRIEN
(b) Address: 1455 EAST-78TH STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: AUG 11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: ATCHISON, KANSAS
18. (a) Signature of funeral director: O. W. Newcomer & Sons
(b) Address: 1401-BRUSH CREEK BLVD.
19. (a) 8-11-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: AUGUST day: 11TH year: 1947 hour: 9 minute: 00 A.M.

21. I hereby certify that I attended the deceased from June 1946 to Aug-11- 1947 and that I last saw her alive on Aug-11- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Theta state Carcinoma probable - thrombosis today. — Duration: about 2 yrs.
Due to: Original Carcinoma right breast: oper-1936.
Due to:
Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 50
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Herbert Tirthill (M. D. ~~or other~~)
Address: 1211 Rialto Bldg. Date signed: Aug-11-1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.