

No. 2
A-5-43
5-17-39
I X36671

FILED NOV 29 1947

State File No.

4855

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
K. C. Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 75 years (Specify whether 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. 1109 West 41st Street.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William O. Hooley
3. (b) If veteran, name war No 3. (c) Social Security No. 513-14-1513

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1947 hour 4:00 P.M. minute 0 M.
21. I hereby certify that I attended the deceased from Oct 20 1947 to Nov 15 1947 that I last saw him alive on Nov 14 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary Josephine 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 20 1877
(Month) (Day) (Year)

Immediate cause of death:
1. Myocarditis, sec. 2 arteriosclerosis
Due to 2 Diabetes mellitus, moderate
Due to 3 Arteriosclerosis, gen. severe

8. AGE: Years Months Days If less than one day
70 0 25 hr. min.

Other conditions: None
(Includes pregnancy within 3 months of death)
Major findings: None
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Fireman

11. Industry or business _____

12. Name Hooley

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

14. Maiden name Mary Gorman

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

16. (a) Informant RICHARD HOOLEY

(b) Address 1109 West 41st

17. (a) Burial (b) Date thereof 11/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thurkine Robin
(b) Address 20 West Linwood

19. (a) 11-20-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Paul Pearson (Specify type of place) (e) Means of injury 0
Address 1025 N. 19th St. Bldg. K.C. Mo. Date signed 11/16/47

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

MOTHER FATHER

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.....

Francis L. Fisher....., Registered Apprentice No. 47
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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.