

FILED DEC 9 1947
 Registration District No. **149**

Primary Registration District No. **1102**

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

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:
421 West 62nd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether years, months or days)

In this community **25 years** (Specify whether 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. **421 West 62nd Street** **8**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **X** **0**

3. (a) PRINT FULL NAME **Mrs. Kathryn O'Leary**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **NO.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **24**
 year **1947** hour **11:30** minute **A.** M.

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **Dorman H. O'Leary**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **march** **21** **1899**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Brown** 19... to 19...
 that I last saw h... alive on... 19...
 and that death occurred on the date and hour stated above.

8. AGE: Years **48** Months **8** Days **2** If less than one day hr. min.

Immediate cause of death **Gun shot wound of head.**

Due to _____

Due to _____

9. Birthplace **Rhode Island**
(City, town, or county) (State or foreign country).

10. Usual occupation **at home**

Other conditions (Include pregnancy within 3 months of death) **104c**

Major findings: Of operations _____

Of autopsy **no**

History of Frigipetum

MOTHER FATHER

11. Industry or business **X**

12. Name **Alvin E. Shaw**

13. Birthplace **Wales Massachusetts**
(City, town, or county) (State or foreign country)

14. Maiden name **Amy Babcock**

15. Birthplace **Rhode Island**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Ted O'Leary**

(b) Address **57th & Surrey Lane**

17. (a) **burial** (b) Date thereof **11-26-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cremation**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gilliam Plaza, K. C., Mo.**

19. (a) **11-25-47** (b) **Geraldine 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) **suicide**

(b) Date of occurrence **11-24-47**

(c) Where did injury occur? **100 Jackson mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? **no** (Specify type of place)

(e) Means of injury **38 Revolver**

23. Signature: **Geraldine Holmes** (M. D. or other) **Com**

Address: **1424 1/2 W. 11th** Date signed **11-25-47**

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 *J. Blair Shepard*
Licensed Embalmer No. 4179
P. O. Address K.C. 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.