

No. 300  
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5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36600

FILED DEC 4 1948  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4726

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:  
2802 OLIVE STREET 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: -----  
In this community 45 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(e) State MISSOURI (f) County JACKSON  
(g) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2802 OLIVE STREET 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: -----

3. (a) PRINT FULL NAME MRS. EMELINE LEONAH HENNESSY  
3. (b) If veteran, name war No  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOVEMBER day 18<sup>TH</sup>  
year 1948 hour 10 minute 00 A.M.  
21. I hereby certify that I attended the deceased from Oct 27, 1948 to Nov 13, 1948  
that I last saw her alive on Nov. 13, 1948 and that death occurred on the date and hour stated above.

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. JOSEPH R. HENNESSY  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased: JANUARY 9 1881  
(Month) (Day) (Year)

Immediate cause of death: Pulmonary edema  
Due to lymphosarcoma with generalized metastasis 1 yr  
Duration: 5 Days

8. AGE: Years 67 Months 10 Days 9 If less than one day hr. min.

9. Birthplace: BURLINGTON IOWA 1  
(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSEWIFE

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: 55-a  
Of operations: -----  
Of autopsy: -----  
PHYSICIAN: -----  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business: -----  
12. Name: BERNARD HESSE  
13. Birthplace: WESTPHALIA GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name: LOUISE BURSTER  
15. Birthplace: FORT MADISON IOWA 1  
(City, town, or county) (State or foreign country)

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: -----  
23. Signature: A. L. Spafford A. L. Spafford  
(M. D. or other) (M. D. or other)  
Address: 1401 BRUSH CREEK BLDG N.C. Mo Date signed: 11-19-48

16. (a) Informant: JOSEPH R. HENNESSY  
(b) Address: 2802 OLIVE STREET  
17. (a) CREMATION (b) Date thereof: NOV. 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: D.W. NEWCOMER'S SONS  
18. (a) Signature of funeral director: D.W. Newcomer's Sons  
(b) Address: 1401 BRUSH CREEK BLDG  
19. (a) 11-19-48 Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

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**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.**