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FILED JAN 29 1949

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5356

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: 192 No Chelsea
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN O'TOOLE

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased: MARCH 17 1868
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Florissant Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Saw

12. Name Andrew O'Toole

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

14. Maiden name Ellen Sheeren

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

16. (a) Informant Richard O'Toole

(b) Address 719 Lawrence Ave

17. (a) Burial (b) Date thereof: Dec 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springville, Mo.

18. (a) Signature of funeral director Chas. J. Hoop

(b) Address Holden Mo.

19. (a) 12-31-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1948 hour 7:34 minute P M.
21. I hereby certify that I attended the deceased from July, 1948, to Dec 28, 1948.
that I last saw him alive on Dec 27, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial failure
Due to Chronic myocarditis

Due to Generalized Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: Of operations 93rd
Of autopsy 11-7

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? _____

P. A. Kienberger (Specify type of place) Holden
While at work (e) Means of injury _____

23. Signature A. Kienberger (M. D. or other) MD
Address 5242 St. John Date signed Dec 28/48

Duration

Short

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *M. J. Conaday*

Licensed Embalmer No. 34314

P. O. Address. Holden, 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.