No. 300
10-48

FILED APR. 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12599

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1406

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2838 Belleview

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) _____ c. (Last) O'Brien

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single (1)

8. DATE OF BIRTH: July 24 1888

9. AGE (Last birthday): 60 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Kansas City, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry O'Brien

13b. MOTHER'S MAIDEN NAME: Mary Ryan

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Harry O'Brien ADDRESS: 2838 Belleview

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
Shock does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema and congestion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchopneumonia
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
491 A

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): _____
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): _____
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: _____
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* March 26, 19 49, *to* March 27, 19 49, *that I last saw the deceased alive on* March 27, 19 49, *and that death occurred at* 8:45A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Victor E. Bohler MD
23b. ADDRESS: 24th & Cherry
23c. DATE SIGNED: 3-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-31-49
24c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cem
24d. LOCATION (City, town, or county) (State): K.C. Ks.

DATE REC'D BY LOCAL REG.: 3-28-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Simmons Funeral Home K.C. Ks.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed H. H. Simmons

Licensed Embalmer No. 3903

P. O. Address K. C. / Ks.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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

12544-49

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 10487

State of Missouri } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1406

On this 14th day of May, 1949, before me appears Henry O'Brien, ~~William O'Brien~~, who, upon his oath, states that the original record of ~~birth~~ death for William O'Brien died ~~born~~ 3-27, 1949, in the State of Missouri, and which was filed at K.C. Mo on 3-28, 1949, should be corrected as follows:

Item No. 8 should read July 24, 1890.
Instead of July 4, 1888.

Item No. 9 should read 58 yrs.
Instead of 60 yrs.

Item No. 15 should read yes World War I.
Instead of no.

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Henry O'Brien X Brother
Relationship.

X 2838 Bellevieu KC Mo
Present Address.

Subscribed and sworn to before me this 19th day of May, 1949

My Commission expires Oct 21, 1951

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—4-43
I X36667