

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12735

Registrar's No. 1787

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1787</u>			
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>				b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">35 yrs.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City,</p>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">4608 Pennsylvania</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">4608 Pennsylvania</p>					
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Annie</p>			b. (Middle) <p style="text-align: center;">E.</p>			c. (Last) <p style="text-align: center;">TIERNEY</p>			
4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">April 21, 1949</p>		5. SEX <p style="text-align: center;">female</p>		6. COLOR OR RACE <p style="text-align: center;">white</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">widowed</p>		8. DATE OF BIRTH <p style="text-align: center;">Feb. 11, 1869</p>	
9. AGE (In years last birthday) <p style="text-align: center;">80</p>		IF UNDER 1 YEAR Months <p style="text-align: center;">8-10</p>		IF UNDER 24 HRS. Hours <p style="text-align: center;"></p>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">At home</p>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Leavenworth, Kansas</p>			12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U. S. A.</p>			13a. FATHER'S NAME <p style="text-align: center;">Patriok Rooney</p>			
13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Mary Grogan</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Geo. M. Tierney</p>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>			
16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>			17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Miss Teresa Tierney</p>			ADDRESS <p style="text-align: center;">4608 Penn. K.C., Mo.</p>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p style="text-align: center;">4560</p>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p style="text-align: center;">natural</p>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3-27</u> , 19 <u>49</u> , to <u>4-21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>49</u> , and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <p style="text-align: center;">Hugh H. OWENS</p>				23b. ADDRESS <p style="text-align: center;">1034 Rialto Bldg</p>		23c. DATE SIGNED <p style="text-align: center;">4-22-49</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">4-23-49</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Calvary Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Missouri</p>			
DATE REC'D BY LOCAL REG. <p style="text-align: center;">4-22-49</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Heraldine Holmes</p>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Mellody-McGilley-Eylar, Kansas City, Mo.</p>				

(Licensed Embalmer's Statement on Reverse Side)

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

Practical Body
about 2005

STATEMENT BY LICENSED EMBALMER

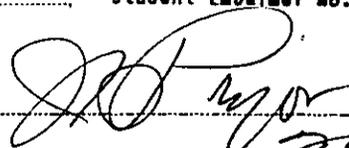
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____



Licensed Embalmer No. _____

P. O. Address _____

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.