

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19718**
2636

FILED JUN 25 1949

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) 4305 East 19th. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4305 East 19th. St.		e. STREET ADDRESS (If rural, give location) 4305 East 19th. St.	

3. NAME OF DECEASED (Type or Print) a. (First) Walter	b. (Middle) Vivian	c. (Last) O'Hara	4. DATE OF DEATH (Month) (Day) (Year) June 16th. 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5/5/1904	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 24 HRS. Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tool & dye maker	10b. KIND OF BUSINESS OR INDUSTRY employee	11. BIRTHPLACE (State or foreign country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Paul V. O'Hara	13b. MOTHER'S MAIDEN NAME Ivanora Hale	14. NAME OF HUSBAND OR WIFE Lois O'Hara
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-07-3645	17. INFORMANT'S SIGNATURE OR NAME Sally E. Johnson-2940 Lockridge	ADDRESS 2940 Lockridge
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-16, 1949, to 6-16, 1949, that I last saw the deceased alive on 6-15, 1949, and that death occurred at 12:05 Pm., from the causes and on the date stated above.

23a. SIGNATURE R.S. Long	(Degree or Title)	23b. ADDRESS 4800 E. 24th K.C.	23c. DATE SIGNED 6-17-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/18/49	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem.	24d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.
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DATE REC'D BY LOCAL REG. 6-18-49	REGISTRAR'S SIGNATURE Sheldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons Funeral Home-K.C. MO.	ADDRESS
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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.

Signed.....
Student Embalmer

Signed

James W. Carp

Licensed Embalmer No. *4622*

P. O. Address *A. 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.