

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18102**

FILED JUN 9 1953

Registrar's No. **2668**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2668					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson							
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. LENGTH OF STAY (in this place) 67 years		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 940 West 33rd Terrace					
3. NAME OF DECEASED a. (First) DANIEL (Type or Print)				b. (Middle) P		c. (Last) KALLEHER					
4. DATE OF DEATH (Month) (Day) (Year) May 24 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single					
8. DATE OF BIRTH Jan 3 1886		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 4 RES. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician--Board of				10b. KIND OF BUSINESS OR INDUSTRY Education		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri					
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME PATRICK KALLEHER		13b. MOTHER'S MAIDEN NAME ELLEN MURRAY					
14. NAME OF HUSBAND OR WIFE N ONE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493-22-7713					
17. INFORMANT'S SIGNATURE OR NAME Mrs Leo Mc Guire				ADDRESS 940 E 33rd Terrace							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Scarlet fever DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 10 days 6 wks 050X 2 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AU/OPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
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) (Min.)		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 Apr 5, 1953 , to May 24, 1953 , that I last saw the deceased alive on 5/24, 1953 , and that death occurred at 9:45 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE H. S. Prentiss				23b. ADDRESS 900 Ruelts Bldg		23c. DATE SIGNED 5/25/53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 27 1953		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					
DATE REC'D BY LOCAL REG. 5-25-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Smith & Davis Co		ADDRESS 20 West Linwood					

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, ~~by~~
working under my personal supervision. Student Embalmer No.

Signed.....
Student Embalmer

Signed *Farrest D Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *K 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.

1917-12-20