

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

26345
3371

FILED AUG 29 1956

Registration District No. 149

Primary Registration District 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 Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME INSTITUTE Home				Length of stay in lbs 74 yrs		49 d. STREET ADDRESS (If outside, give location) 1009 1/2 E. 32 Ter.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ANNA		First		Middle C.		Last HOULEHAN		4. DATE OF DEATH Month Aug Day 1 Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 28, 1872		9. AGE (In years last birthday) 86 84		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Scranton, Pa.			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Daniel Connell				14. MOTHER'S MAIDEN NAME Mary Jane Kelly					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT 1007 1/2 E. 32 Terrace Mrs. Virginia Houlehan Thompson				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease								INTERVAL BETWEEN ONSET AND DEATH years.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART I(n) Pericarditis Anemia								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18):						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from July 14, 1955 to July 1, 1956 and last saw her alive on July 31, 1955 Death occurred at _____ m on the _____ state above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W. A. Slentz (Degree or title) W. A. Slentz					22b. ADDRESS 46209 C. Nichols Parkway K.S.			22c. DATE SIGNED 8-1-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 4, 1956	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery			23d. LOCATION (City, town, or county) (State) Kansas City Missouri			
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar 1800 E. Wood				25. DATE RECD. BY LOCAL REG. 8-3-56		26. REGISTRAR'S SIGNATURE Neva Munchall			

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard form and structure in reporting diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

151 W. R. Street
4620 J. C. Nichols
No 1-3500
Office hrs: 5 PM

Re: [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *J. H. Pryor*
Licensed Embalmer No. *29*
P. O. Address *K. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.