

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2727 Duncan St.,		d. STREET ADDRESS 2727 Duncan St.,	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST HARRY PATRICK HENNESSY		4. DATE OF DEATH Month Day Year Sept. 25, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 19, 1902
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) manager		9b. AGE (In years last birthday) 54	9c. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. KIND OF BUSINESS OR INDUSTRY Coffee Shop		11. BIRTHPLACE (City and state or country) Kahoka, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Patrick E. Hennessy		14. MOTHER'S MAIDEN NAME Sally Ellison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	
17. ADDRESS Mrs. H. L. Fields, 2727 Duncan, St. Joseph, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma pyiform Sinus Rt 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(a)			INTERVAL BETWEEN ONSET AND DEATH 4-5 Mo.
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.) 147X	
20c. TIME OF INJURY Hour Month, Day, Year 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		20g. COUNTY STATE	
21. I attended the deceased from Aug 1 1956 to Sept 23 1956 and last saw <sup>her</sup> him alive on Sept 23 1956 Death occurred at 11:50p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. F. Motherhead		22b. ADDRESS 2603 Fredrick, City	
22c. DATE SIGNED 9/27/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9/28/1956	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR ADDRESS Heatow-Bowman St Joseph Mo		25. DATE RECD. BY LOCAL REG. Oct. 1, 1956	
		26. REGISTRAR'S SIGNATURE Esther M. Allison	

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.....  
Signature of Student Embalmer

Signed *J. Eugene Wood*.....

Licensed Embalmer No. *380*.....

P. O. Address *312 1/2 St. H.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.