

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41517**

87346-56
FILED JAN 14 1957

Registrar's No. **5495**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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 OR TOWN Kansas City	c. LENGTH OF STAY (In this place) life	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) 1305 Locust	

3. NAME OF DECEASED (Type or Print) a. (First) Bridget b. (Middle) Ann c. (Last) Hennessey (A)			4. DATE OF DEATH (Month) (Day) (Year) 12-16-56		
5. SEX Girl	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER	8. DATE OF BIRTH 12-16-56	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		112. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME William J. Hennessey Jr.	13b. MOTHER'S MAIDEN NAME Joan McNamara	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

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.	17. INFORMANT'S SIGNATURE OR NAME William J. Hennessey Jr. ADDRESS 1305 Locust
--	-------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH 7615
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple pregnancy		
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)	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 16-56

22. I hereby certify that I attended the deceased from **birth**, 19 **56**, to **12-16**, 19 **56**, that I last saw the deceased alive on **12-16**, 19 **56**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Robert S. Brown (Degree or title) M.D.	23b. ADDRESS 1103 Grand Ave KC Mo	23c. DATE SIGNED 18 Dec 56
---	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-18-56	24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S	24d. LOCATION (City, town, or county) (State) K.C. MO.
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. 12-19-56	REGISTRAR'S SIGNATURE neva mitchell	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eyler ADDRESS K.C. Mo.
--	--	---

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 emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 29

P. O. Address.....
100

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