

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1957

41519

State File No.

5496

BIRTH NO. 87347-56 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. LENGTH OF STAY (In this place) life	c. CITY (If 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 (First) ROSE (Middle) MARY (Last) HENNESSEY		4. DATE OF DEATH (Month) (Day) (Year) 12-17-56	
5. SEX GIRL	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 12-17-56
10a. USUAL OCCUPATION (If the 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.
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Wm. 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) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William J. Hennessey Jr. 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 7615
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature rupture membrane DUE TO (c) Circumvallate placenta		
	11. 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from birth 12-17-56, 1956, to 12-17-56, that I last saw the deceased alive on 12-17-56, and that death occurred at _____ m., from the causes and on the date stated above.

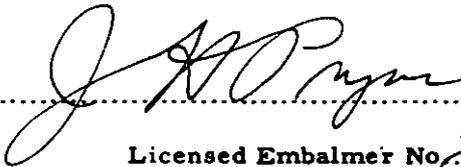
23a. SIGNATURE Robert S. Brown (Degree or title) M.D.	23b. ADDRESS 1103 Grand Ave K.C. Mo.	23c. DATE SIGNED 18 Dec 56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-18-56	24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S
24d. LOCATION (City, town, or county) (State) K.C. Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-M ^e Gilley-Eyler K.C. Mo.	
DATE REC'D BY LOCAL REG. 12-19-56	REGISTRAR'S SIGNATURE neva minshall	

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..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 294

P. O. Address J.C.D.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.