

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029319

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4353

STATE FILE NUMBER

AMENDED

FILED SEP 13 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>40 years</u>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Joseph Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>11 E. 52nd.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANCIS HENNESSY</u>			4. DATE OF DEATH Month Day Year <u>August 31, 1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 4, 1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Company</u>		11. BIRTHPLACE (City and state or country) <u>FULTON KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Richard E. Hennessy</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KENNEDY</u>	
14. NAME OF HUSBAND OR WIFE <u>Eleanor FLANOR HENNESSY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes</u>		7. INFORMANT <u>Eleanor FLANOR HENNESSY</u> Address <u>11 E 52nd St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Infarct</u> DUE TO (b) <u>Coronary Atherosclerosis</u> DUE TO (c) <u>Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemorrhage</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u>11 E. 52nd St</u>		20f. CITY, TOWN, OR LOCATION <u>Kansas City</u> COUNTY STATE
21. I attended the deceased from <u>8-25-61</u> to <u>8-31-61</u> and last saw her/him alive on <u>8-30-61</u> Death occurred at <u>8-31-61</u> p. m on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <u>Hugh A. Gestring M.D.</u>		
22b. ADDRESS <u>1220 E 31st</u>			22c. DATE SIGNED <u>9-1-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept 2, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
24. FUNERAL DIRECTOR <u>Muehlebach</u>		ADDRESS <u>6800 TROOST</u>		25. DATE RECD. BY LOCAL REG. <u>9-1-61</u>	26. REGISTRAR'S SIGNATURE <u>Arthur Long</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
8 & 9	3/4/94 & 67	3/4/95 & 66	9/28/61
14 & 17	Eleanor	Eleanor	9/28/61
21	D.M.	8-31-1965	9/28/61

BY AFFIDAVIT OF Inf. & Attend. Physician DOCUMENT

Hugh A. Gestring MEDICAL CERTIFICATION

High Easterning
1220 E. 31st.

va 1-6400

Fridays

7:00 to 5:30 P.M.

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

P. E. Nichols

Licensed Embalmer No. 4997

P. O. Address H.C. MD.

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.