PERMANENT CERTIFICATE ☐ TEMPORARY CERTIFICATE ☐

ORIGINAL C623

STATE OF ILLINOIS

STATE FILE NUMBER 50160

CORONER'S CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

XXX

1. PLACE OF DEATH
a. COUNTY: COOK COUNTY, ILLINOIS
b. Death took place: ☐ OUTSIDE city limits and in ..... TOWNSHIP. ☒ INSIDE city limits and in the city, village, or town named in 1c
c. CITY, VILLAGE, OR TOWN: Chicago
d. LENGTH OF STAY IN 1c: 56 Years
e. NAME OF HOSPITAL OR OTHER INSTITUTION (If not in hospital or institution, give street address): 120 Exchange Ave.
f. LENGTH OF STAY IN 1e: 5 Mins.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE: Illinois
b. COUNTY: Cook
c. Residence was: ☐ OUTSIDE city limits and in ..... TOWNSHIP. ☒ INSIDE city limits and in the city, village, or town named in 2d
d. CITY, VILLAGE, OR TOWN: Chicago
e. LENGTH OF RESIDENCE AT 2c or 2d: 56 Years
f. Did decedent reside on a farm? YES ☐ NO ☐
g. STREET ADDRESS: 1760 E. 72nd St.

3. NAME OF DECEASED: John F. Kane
4. DATE OF DEATH: July 25, 1956

5. SEX: Male
6. RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
8. DATE OF BIRTH: Feb. 19, 1900
9. AGE (in years last birthday): 56 If under 1 year MONTHS DAYS; If under 24 hrs. HOURS MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker
10b. KIND OF BUSINESS OR INDUSTRY: Live Stock
11. BIRTHPLACE (City and state or foreign country): Chicago, Illinois
12. Citizen of what country? USA
13. FATHER'S FULL NAME: John Kane
14. MOTHER'S FULL MAIDEN NAME: Katherine Raff
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 NUMBER: 336-03-1199
17. INFORMANT'S a. SIGNATURE: Geo Kane
b. ADDRESS: 1760 E. 72nd St.
c. RELATIONSHIP TO DECEASED: Wife

CAUSE OF DEATH 331X

18. MEDICAL CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY (Enter only one cause per line for (A), (B), and (C).)
IMMEDIATE CAUSE (A): Cerebral Hemorrhage
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last.
due to (B): Arteriosclerosis
due to (C):
INTERVAL BETWEEN ONSET AND DEATH: Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (A).
19. AUTOPSY? YES ☐ NO ☒

20a. ACCIDENT (specify) SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED (Specify NATURE of injury under MEDICAL CAUSE, item 18).
20c. TIME OF INJURY (HOUR) (MONTH) (DAY) (YEAR) A.M. P.M.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE)

21a. Upon medical investigation I find that death was caused as stated above. DATE SIGNED: 7-25-56. a. L. Webb, CORONER'S M. D. PHYSICIAN.
21b. I have all personal information and the decedent died as stated above. [illegible] M. Cannon, COUNTY CORONER.

22. DISPOSITION: BURIAL (CREMATION) (REMOVAL) (DATE) 7-28-56
PLACE: CEMETERY: Holy Sepulchre
LOCATION: Worth, Illinois

23. FUNERAL DIRECTOR: FIRM NAME: Kenny & Ross
ADDRESS: 5435 S. Halsted St.
SIGNATURE: Hugh L. Kenny
LICENSE NUMBER: 5881

24. Received filing on JUL 26 1956 Norman D. Bundesen, LOCAL REGISTRAR

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(28210—200—7-55) 177

VS & R 202--BUREAU OF STATISTICS--ILLINOIS DEPARTMENT OF PUBLIC HEALTH--SPRINGFIELD

A 43-639 O 4-10 VS & R 202 (REV. 7-55) Issued on the U.S. Standard Certificate of Death.