

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21135
Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City K. C. Mo. (d) Street No. 3625 Forest St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Frances Phelan McCurdy
 (a) Residence, No. 3625 Forest St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard S. McCurdy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1860

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	<u>77</u>	<u>9</u>	<u>5</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Louisville, Ky. (STATE OR COUNTRY)

FATHER
 13. NAME Anthony Phelan
 14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Bridgett Kennedy
 16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Ethel M. McCurdy (ADDRESS) 3625 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE June 28, 1938

19. FUNERAL DIRECTOR (NAME) Wagner Funeral Home (ADDRESS) Kansas City, Mo.

20. FILED June 27, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to June 26, 1938
 I last saw her alive on June 26, 1938 Death is said to have occurred on the date stated above, at 11:00 m. am
 The principal cause of death and related causes of importance were as follows:
Carcinoma of cervix uteri Date of onset ?
Metastases of carcinoma of cervix
 Other contributory causes of importance:
None
 Name of operation None Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify.....
 (Signed) Lymans P. Richardson M. D.
 (Address) 1000 Klatte Bldg. K.C. Mo.

STATE OF CALIFORNIA
COUNTY OF ...
...

VI 3975

Rialto Bg.,

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address

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 this body is not embalmed, above space should be left blank.