CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 21 1938

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

34603
Do not use this space.

1. PLACE OF DEATH 1938 2

(a) County Jackson — Registration District No.

(b) Township Kaw — Primary Registration District No. — Registered No. 3939

(c) City Kansas City — (d) Street No. 447 West 35th Street 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.

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2. PRINT FULL NAME KatherineeC. Delahunty

(a) Residence, No. 447 West 35th Street 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Delahunty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1882

7. AGE: YEARS 56 — MONTHS 3 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY) Hamilton, Ohio

FATHER
13. NAME Patrick Gormley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton, Ohio

MOTHER
15. MAIDEN NAME Rose Riffe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton, Ohio

17. INFORMANT (ADDRESS) John P. Delahunty 447 West 35th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St. Marys DATE Oct. 11 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK & TOBIN CO. Kansas City, Mo.

20. FILED Oct 10, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 1938, to Oct 9, 1938
I last saw her alive on Oct 7, 1938. Death is said to have occurred on the date stated above, at 5:30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	Wks
1/6 F	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) [signature], M. D.
(Address) 736 Argyle Bldg Kc Mo

(Licensed Embalmer's Statement on Reverse Side)

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 com with the above constitutes grounds for revocation of license.)

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