

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. & 14 days
 (Specify whether
 In this community 73 Yrs.
 years, months or days)

3. (a) PRINT FULL NAME Sarah Cook 280
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased Sept. 22, 1866
 (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 22 If less than one day
 hr. min.

9. Birthplace Kansas City Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Considine
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Kate Brennan
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Cook

(b) Address 524 Maple Blvd

17. (a) Burial (b) Date thereof Dec. 16, 39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director Quercy & Tobin Co

(b) Address Hunter Ave. & Main Sts.

19. (a) Dec. 14, 1939 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 524 Maple Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th
 year 1939 hour 12 minute 40 A.M. M.

21. I hereby certify that I attended the deceased from 10-31-

1939, to 12-14- 1939
 that I last saw h. er alive on 12-14- 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic congestion and atelectasis of lungs

Duration

Due to Post operative suprailiac incision with draining sinus; multiple rt. psoas abscesses; lower right quadrant incisional hernia

Other conditions Senility (26)
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature A. J. De la Motte M.D. (M.D. or other)
Supt. K. C. Gen. Hospital 12-14-39
 Address Date signed

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.....

Charles M. Quirk

Licensed Embalmer No.

3774

P. O. Address.....

K.C. Mo

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.