

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:
1303 West 21st Terrace 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
25 hrs (Specify whether
 years, months or days)
 In this community _____

3. (a) PRINT FULL NAME DANIEL MCCARTHY 2633. (b) If veteran,
name war No3. (c) Social Security
No. None4. Sex Male 5. Color or
race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Catherine McCarthy 6. (c) Age of husband or wife if
alive 72 years
18697. Birth date of deceased April 1
(Month) (Day) (Year)8. AGE: Years 70 Months 8 Days 22
If less than one day
hr. min.9. Birthplace Ireland 5
(City, town, or county) (State or foreign country)10. Usual occupation Retired Fireman 3

11. Industry or business

MOTHER FATHER
 { 12. Name John McCarthy 5
 { 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Ellen Conners
 { 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Catherine M. McCarthy
(b) Address 1303 West 21st Terr17. (a) Burial (b) Date thereof 12-27-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Mary's Cemetery18. (a) Signature of funeral director Frank J. Schin Co.

(b) Address

19. (a) Dec. 28, 1939 (Date received local registrar)
M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1303 West 21st Terrace
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd
year 1939 hour 1:50 minute 15 M.21. I hereby certify that I attended the deceased from May
27, 1939, to Dec. 23, 1939
that I last saw him alive on Dec. 10, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

Sarcinoma
Sigmoid
 Due to Cancer 46
 Due to _____

Other conditions arterio-sclerosis
(Include pregnancy within 3 months of death)Major findings:
Of operations

Sarcinoma Sigmoid
May 1939
 Of autopsy Normal

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged statisti-
 cally

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?

(Specify type of place)
 While at work _____ (e) Means of injury _____
 23. Signature Dr. John A. Brown (M. D. or other) _____
 Address 1402 Bryan St. Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I 19391

H. S. J. O. H. H. H.

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. *4097*

P. O. Address. *20 W. Lincoln St.*

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.