

FILED MAR 17 1948
 1999

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **885**

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

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:
323 West 46 Terrace 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Ab. 60 Yrs.
years, months or days)

3. (a) PRINT FULL NAME PATRICK SHEEHY

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Johanna Sheehy 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 17, 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Co. Kerry, Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Locksman

11. Industry or business _____
 MOTHER FATHER { 12. Name Thomas Sheehy
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Maley
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Johanna Sheehy
 (b) Address 323 West 46 Terrace

17. (a) Burial (b) Date thereof 2-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Quirk & Talbot Co.
 (b) Address Kansas City, Mo.

19. (a) 2-26-40 (b) M. M. Kerowe
(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. 323 West 46 Terrace
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
 year 1940 hour 12 noon minute _____ M.
 21. I hereby certify that I attended the deceased from May 24
 _____ 1940 to _____ 19____;
 that I last saw him alive on Feb 23 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilation of heart
 Due to Senesile Myocardial degeneration
 Due to _____
 Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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 J. K. Owens (M. D. or other) _____
 Address Kansas City 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 Maurice J. Quirk
Licensed Embalmer No. 3634

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.