

FILED APR 12 1940

1296

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 2729 Campbell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 1911  
In this community Since 1911  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit, write "RURAL")  
(d) Street No. 2729 Campbell  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ANNA TOOHEY

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

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

6. (b) Name of husband or wife Thomas F. Tooley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 28, 1854  
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Walkesbury Penn  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Patrick McGinty

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sweeney

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Jones

(b) Address 2729 Campbell

17. (a) Burial (b) Date thereof 3-25-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jurik & Fabin Co

(b) Address Kansas City, Mo

19. (a) Mch 24, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day Mar. 1940  
year \_\_\_\_\_ hour 3:14 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 1, 1934 to Mar 23, 1940  
that I last saw her alive on Mar 22, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death uronic poison Duration 3 days

Due to Chs. nephritis

Due to Ch. myocarditis and uremia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Dr. F. G. Demally

Address 2748 Charlotte St Date signed 3/23/40

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

W.D. De Melfig  
2748 Charlotte  
130 -5 Gr 2993

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**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.