

JUN 17 1940 399

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Agnes, Sister Mary**
(b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **F** 5. Color **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 29th, 1857**
(Month) (Day) (Year)

8. AGE: Years **82** Months **10** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **Catholic Nun**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Sisters of St. Joseph**
(b) Address **St. Joseph Hosp. K.C. Mo.**

17. (a) **Removal** (b) Date thereof **5/20/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Louis Mo.**

18. (a) Signature of funeral director **W.F. Mayberry**
(b) Address **2315 Linwood**

19. (a) **May 20, 1940** (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. **Linwood Blvd. & Prospect**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **19** year **1940** hour _____ minute **45** M.

21. I hereby certify that I attended the deceased from **5-1-40**, 19____, to **5-19-40**, 19____; that I last saw **K.C.** alive on **5-19-40**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Thrombosis**
Coronary Atherosclerosis
Due to _____
Due to _____

Other conditions (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? _____
(Specify type of place) (e) Means of injury _____
While at work _____
28. Signature **Queller** (M. D. or other) _____
Address **Demo** Date signed _____

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

made by me

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 *Roy E. Snow*

Licensed Embalmer No. 2560

P. O. Address 2315 Linwood Blvd.

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.