

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49 years (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 limits, write "RURAL")
(d) Street No. 1222 West 41st Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years years.

3. (a) PRINT FULL NAME BRIDGET FARMER **656**

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 Married

6. (b) Name of husband or wife James Farmer 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased February Unknown
(Month) (Day) (Year)

8. AGE: Years 67 Months -- Days -- If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Hugh Dugan

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

14. Maiden name Catherine Cannon

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

16. (a) Informant James Farmer

(b) Address 1322 W. 41 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/40
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Zwick & Tobin Co
(b) Address Kansas City Mo

19. (a) July 16, 1940 (b) M.M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from July 11, 1940 to July 14, 1940
that I last saw her alive on July 14 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 4 days

Due to Hypertension ¹⁰ 8/11 years

Due to

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 J.H. Schaefer (M. D. or other) Address 1406 Bryant Bldg Date signed 7/16/40

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

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. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.