

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
5020 Lydia Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution --
(Specify whether years, months or days)
 In this community 55 Years

FILED DEC 11 1940

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. 5020 Lydia Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mr. Patrick Usher

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Mrs. Annie Usher 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased February 19 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 19 hr. min.

9. Birthplace County Anthern Ireland 5
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber 3

11. Industry or business 5

12. Name Patrick Usher

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

14. Maiden name Sarah Barnes

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

16. (a) Informant Mrs. Catherine Shea

(b) Address 5020 Lydia Avenue

17. (a) Burial (b) Date thereof Nov. 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director O. F. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-12-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
 year 1940 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from Aug 1
1940, to NOV. 10, 1940

that I last saw him alive on NOV. 1, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial infarction +
90% arteriosclerosis of heart disease

Due to Arteriosclerosis

Due to 95%

Other conditions 5
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 1

23. Signature John T. Sheridan (M. D. or other) M.D.

Address 1402 Bryant Bldg. Date signed 11/12/40

Duration

8 1/2

year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

T. C. M. D.

File - 11-58-5

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 *H.C. Newcomer Jr.*

Licensed Embalmer No. 4043

P. O. Address *K.C. Mo*

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.