

REC'D JAN 8 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4770**

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
In this community 27 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME BONITA CURRAN

8. (b) If veteran, No 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 Jerry J. Curran 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Apr. 14, 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 0 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business 9

12. Name Newton Frye

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Frank

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

16. (a) Informant Jerry J. Curran

(b) Address 4244 Greenwood Place

17. (a) Burial (b) Date thereof 12/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, K. C., Ks.

18. (a) Signature of funeral director J. H. C. Co.

(b) Address J. H. C. Co.

19. (a) 12-16-40 (b) M. J. Browne
(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 limit, write "RURAL")
(d) Street No. 4244 Greenwood Place
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 in year 1940 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from November 28, 1940 to December 14, 1940 that I last saw her alive on December 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 14 hrs

Due to MI

Due to _____

Other conditions Myocardial Infarction
(Include pregnancy within 3 months of death) appendicitis & peritonitis

Major findings: Myocardial infarction
Of operations: appendix
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. B. Castle (M. D. or other)

Address 11002 Argyle Rd Date signed 12-14-40

NOV 3 1948

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Harold Perry

Licensed Embalmer No. *4097*

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.