No. 2
1-13-40
-17-39
I X23159

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

REC'D FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1300

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 260

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: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 622 West 39th St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME MICHAEL McCARTHY
3. (b) If veteran, name war No
3. (c) Social Security No. 70
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mary E. McCarthy
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 24, 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Joliet (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Water Dept.
11. Industry or business
MOTHER FATHER
12. Name John McCarthy
13. Birthplace Cork (City, town, or county) Ireland 4 (State or foreign country)
14. Maiden name Elizabeth Mahoney
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Mary E. McCarthy
(b) Address 622 West 39 St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Quirk & Tobin Co.
(b) Address KCMo
19. (a) Jan 19 1941 (Date received local registrar) (b) B. B. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th year 1941 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from 1-13-41, 19__, to 1-16-41, 19__; that I last saw him alive on 1-16-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death GANGRENE OF RIGHT LEG
(Arterio sclerotic)
Due to 97
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

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)
While at work? (e) Means of injury 6

23. Signature Percy R. Thorne (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.