No. 2
11-10-39
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FILED APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9666

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1075

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

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: St. Mary's Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3422 Broadway O
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary M. McCarthy

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 2 Widowed

6. (b) Name of husband or wife Michael G. McCarthy

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 29, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	3	15	hr. min.

9. Birthplace Philadelphia Pa /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Patrick Sweeney
13. Birthplace Donegal, Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Kelley
15. Birthplace Donegal, Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Marie McCarthy
(b) Address 3422 Broadway

17. (a) Burial (b) Date thereof 3/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk and Tobin Co.
(b) Address K. C. Mo.

19. (a) 3/16/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1941 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from 2/19, 1941, to 3-14, 1941
that I last saw her alive on 3-14, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	?
Due to Myocarditis 1/61	?
Due to Acute Cardiac Dilatation 61	few min
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy no	

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 _____

23. Signature M. J. Owens (M. D. or other)

Address 906 Grand Ave KC Mo Date signed 3/15/41

(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 Maurice Ruiz

Licensed Embalmer No. 3634

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.