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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9798

Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 1207

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5828 Oak Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 57 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Missouri 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5828 Oak Street 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs Catherine BERMINGHAM

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex FEmale 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John C. Bermingham

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

7. Birth date of deceased March (Month) 18 (Day) 1857 (Year)

8. AGE: Years 84 | Months | Days 5 | If less than one day hr. min.

9. Birthplace BEloit (City, town, or county) 1 Wisconsin (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Dennis Maloney
13. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Ellen Keenan
15. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

16. (a) Informant Mr Joe Bermingham
(b) Address 5828 Oak Street K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation ST Mary's Cemetry

18. (a) Signature of funeral director Mellody- McGilley
(b) Address Kansas City Missouri

19. (a) 2/25/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1941 hour Two minute AM

21. I hereby certify that I attended the deceased from Oct. 13th, 1938, to Mar. 23rd, 1941
that I last saw her alive on Mar. 22nd, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to 61	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	3 yrs.
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature James D. Smith (M. D. or other)
Address 318 Prof. Bldg. K.C. Mo Date signed 2/25/41

(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. 267

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3999

P. O. Address..... KC

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

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