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FILED MAY 16 1941

STANDARD CERTIFICATE OF DEATH

State File No. **13727**
Registrar's No. **1708**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **541 Brooklyn**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **unknown**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **541 Brooklyn**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME

Bridget Ann McCutcheon

MEDICAL CERTIFICATION

(b) If veteran, name war **-** (c) Social Security No. **None**

20. DATE OF DEATH: Month **4** day **27** year **41** hour **6** minute **30** M.

4. Sex **Female** 5. Color of race **W** 6. (a) Single, widowed, married, divorced **Widow**

21. I hereby certify that I attended the deceased from **Deputy Coroner** 19 **41** to **19** that I last saw him **alive** on **19** and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **unknown** years

Immediate cause of death

7. Birth date of deceased **unknown** (Month) (Day) (Year)

Cerebral Thrombosis

8. AGE: Years **about 88 yrs** Months Days If less than one day hr. min.

Due to **Cerebral Arteriosclerosis**

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

Due to **8 30 AM**

10. Usual occupation **unknown**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations **8 30 AM**

12. Name **unknown**

Of autopsy

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

14. Maiden name **unknown**

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

16. (a) Informant **Procy's Office**

(b) Address **1200 1/2 St**

17. (a) **Burial** (b) Date thereof **May 14 41** (Month) (Year)

(c) Place: burial or cremation **Celvaris Cem**

18. (a) Signature of funeral director **J. A. [unclear]**

(b) Address **1200 1/2 St**

19. (a) **Apr 30 1941** (b) **M. M. Crown** (Registrar's signature)

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 **0**

23. Signature **Russell [unclear]** (M. D. or other)

Address **1200 1/2 St** Date signed

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

MOTHER FATHER

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.....

John B. Leggett

Licensed Embalmer No.

3754

P. O. Address.....

KC 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, fact should be so stated above.