

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**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:  
**1117 Bennington**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether years, months or days) **2 yrs.** /

3. (a) PRINT FULL NAME **Mary Anestatia McCaffery**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Fem** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Edward McCaffery** 6. (c) Age of husband or wife if alive **89** years  
7. Birth date of deceased **8** (Month) **19** (Day) **1867** (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>11</b>	<b>21</b>	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **xx**

MOTHER FATHER  
12. Name **John Murphy** if  
13. Birthplace **Ireland** if  
(City, town, or county) (State or foreign country)  
14. Maiden name **Johana Cronin**  
15. Birthplace **Ireland** if  
(City, town, or county) (State or foreign country)

16. (a) Informant **Josephine Fitzgibbons**  
(b) Address **1117 Bennington**  
17. (a) **Removal** (b) Date thereof **8/12/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Leavenworth, Kans.**

18. (a) Signature of funeral director **John P. Sheil**  
(b) Address **Kansas City, Mo**  
19. (a) **8/11/41** (b) **m m crowe**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Jackson** **048**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1117 Bennington**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **D**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **8** day **10**  
year **1941** hour **12** minute **30** A. M.

21. I hereby certify that I attended the deceased from **July** 19**38**, to **July** 19**41**;  
that I last saw her alive on **Aug 6** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Lobar Pneumonia** **1 wk.**  
**Arteriosclerotic Parkinson** **Hypertension**  
Due to **Syncope**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **100**  
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 H. O'Neal MD** (Date) or other \_\_\_\_\_  
Address **1200 Professional** Date signed **8/11/41**

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

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**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 P. Sheil*

Licensed Embalmer No. *3625*

P. O. Address *Jackson City*

**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.**