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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5393

State File No. 773

Registration District No. 399 Primary Registration District No. 1002 Registrar's 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: 3319 East 9th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 17 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8

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

(d) Street No. 3319 East 9th St
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaret J. Hoare

3. (b) If veteran, name war No

3. (c) Social Security No. —

4. Sex F

5. Color or race Wh

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

6. (b) Name of husband or wife Walter D.

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May (Month) 28 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	8	26	hr. min.

9. Birthplace Nebraska City, Nebr.
(City, town, or county) (State or foreign country)

10. Usual occupation Housfe.

11. Industry or business

FATHER
12. Name Michael Houlihan
13. Birthplace Tipperary, Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine E. Clarey
15. Birthplace Providence R.I.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter D. Hoare
(b) Address 3319 E. 9th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Bentley Mortuary
(b) Address 5811 Troost

19. (a) 2/25/42 (Date received local registrar) (b) M. M. Crowl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day February year 1942 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from June 2, 1941 Feb. 24, 1942 to , 19 ; that I last saw her alive on Feb 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid c̄ Metastasis to entire abdomen

Due to Cause Unknown

Due to 46 E

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations General Carcinoma of entire abdomen
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

23. Signature Dr. Frank Clay (M. D. or other)
Address 4316 E 9th, Date signed 2-25-42
K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

4316 E. 9th.

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 George F. Buffington Sr.

Licensed Embalmer No. 2756

P. O. Address K. C. Mo.

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

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