

FILED MAR 9 1942  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 458

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  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days  
(Specify whether years, months or days)

In this community 64 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3200 Washington  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Bridget McLaughlin

3. (b) If veteran, name war XX

3. (c) Social Security No. No

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife Wm. McLaughlin

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August 11, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>20</u>	hr. min.

9. Birthplace California 6 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Cornelius Sullivan

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

14. Maiden name Mary Sullivan

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

16. (a) Informant Wm. McLaughlin

(b) Address 3200 Washington

17. (a) Burial (b) Date thereof 2-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J.W. Wagner  
Kansas City, Mo.

(b) Address M. M. Crowe

19. (a) 2-2-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st  
year 1942 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 7 to Feb 1st 1942  
and that I last saw her alive on 20-7-42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myeloma Chronic Interstitial nephritis 2 wks

Due to Inter tracheatus tract 4 wks

Due to Left femur

Other conditions 1860  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: 17  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 1-7-42 173

(c) Where did injury occur Home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? No (Specify type of place) Home  
Means of injury fall

23. Signature M. J. Owens (M. D. or other) 2/2/42  
Address Public Bldg Room Date signed 2/2/42

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

MOTHER FATHER

1034  
Neville  
Y1-2813

**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 A. R. Hainschild

Licensed Embalmer No. 4159

P. O. Address Y. C. 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.**