

FILED JUN 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2179

48
303

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

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 18 days
(Specify whether years, months or days) 49 YRS.

In this community... 49 YRS.

3. (a) PRINT FULL NAME Elizabeth Kernaghan

3. (b) If veteran, name war no. no.

3. (c) Social Security No. Unknown, *ma*

4. Sex Female / 5. Color or race White

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

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

7. Birth date of deceased September 1 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	8	28	hr. min.

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

10. Usual occupation Nurse,

11. Industry or business X

MOTHER FATHER { 12. Name Samuel Kernaghan,

13. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

14. Maiden name Marie Latham,

15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Kernaghan,

(b) Address 2324 Harris, Independence, Mo.

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 6-2-42
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-2-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 506 West 16th St. 0
(If rural, give location)

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

If yes, name country CX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1942 hour 11 min 30 P. M.

21. I hereby certify that I attended the deceased from 5-10-42, 19, to 5-28-42, 19,
that I last saw her alive on 5-28-42, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Breast with Metastases to Brain

Due to 50

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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) Means of injury 0

23. Signature Drury R. Thon (M. D. or other)

Address Med. Dir. K. C. Gen. Hospital Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Felix Remy
.....
Licensed Embalmer No..... *4127*
P. O. Address..... *K. O. 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.