

5-17-39
X23159

FILED SEP 3 1949

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3094

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:
4234 Mercier
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 63 years
years, months or days

3. (a) PRINT FULL NAME MRS. CATHERINE HARTNETT
 (b) If veteran, name war NO
 (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widow
 (b) Name of husband or wife Thomas B Hartnerr
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 26 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>19</u>	hr. _____ min.

9. Birthplace Suspension Bridge, New York
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
 12. Name Peter Hurley
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Manoney
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Hartnett
 (b) Address 4234 Mercier

17. (a) Burial
(Burial, cremation, or removal)
 (b) Date thereof Aug 19 1949
(Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Quirk & Jabin
 (b) Address 20 West Linwood

19. (a) 8-17-42
(Date received local registrar)
 (b) M. D. Browne
(Registrar's signature)

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. 4234 Mercier
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 15th day August
 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 28
 1942 to Aug 15, 1942
 that I last saw her alive on Aug 7, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death, Thrombosis - (Chc. Myofibrils) Arteriosclerosis
 Duration 2 wks

Due to Senility 1318

Due to _____

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

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Edson C. Davis M.D.
(M. D. or other)
 Address 2426 Plaza Medical Bldg. Date signed 8/15/42

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.....

working under my personal supervision.

John J. Conroy

Registered Apprentice No. *307*

Signed.....

Harold Perry

Licensed Embalmer No. *4097*

P. O. Address.....

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.