

FILED DEC. 18 1942

State File No.

Registration District No. 1799

Primary Registration District No. 1002

Registrar's No. 4470

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

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: Kansas City

(c) Name of hospital or institution: 300 Benton, Convalescent Home. 4

(d) Length of stay: In hospital or institution: 2-22-42 - 12-1-42

In this community: 60 years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City

(d) Street No.: 1212 Montgall

(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME: Elizabeth A. SHEAHAN

3. (b) If veteran, name war: - - -

3. (c) Social Security No.: - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mon Elizabeth A. Sheahan

year: 1942 hour: 7 minute: 30

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Daniel W. Sheahan

6. (c) Age of husband or wife if alive: August 17th, 1860.

7. Birth date of deceased: August 17th, 1860.

21. I hereby certify that I attended the deceased from July 1942

that I last saw him alive on: See 1-27-1942

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	82	3	14	hr. min.

Immediate cause of death: Chronic Myocarditis

Due to: Atherosclerosis -

Due to: Corthatic Infarction

9. Birthplace: Leavenworth, Kansas

10. Usual occupation: Invalid ed

Other conditions: 93 B

Major findings: Of operations: _____

Of autopsy: _____

11. Industry or business: _____

12. Name: John Sheahan Murphy

13. Birthplace: Ireland

14. Maiden name: Johanna Chronin

15. Birthplace: Ireland

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

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

(b) Date of occurrence: _____

(c) Where did injury occur? _____

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

16. (a) Informant: Alice Kilkenny

(b) Address: 1212 Montgall, K.C. Mo.

17. (a) Burial (b) Date thereof: 12/3/42.

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

18. (a) Signature of funeral director: Melody-McGilley

(b) Address: K. C. Mo.

19. (a) 12-2-42 (b) M. M. Brown

23. Signature: J. Stephens

Address: 1116 E. ...

Date signed: 12/3/42

3- - - - -

555
1116

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 _____
Licensed Embalmer No. 2999
P. O. Address _____ K C

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.