

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39952

State File No.

FILED DEC 31 1942
Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4834

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:
612 Romany Road /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
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. 612 Romany Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME MRS. MARGARET SHEEHAN

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Patrick J. Sheehan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 26, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 27 hr. min.

9. Birthplace Johnson County Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John McNamara
13. Birthplace Ireland /
(City, town, or county) (State or foreign country)
14. Maiden name Mary Mahoney
15. Birthplace Ireland /
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph J. Sheehan

(b) Address 612 Romany Road

17. (a) Burial (b) Date thereof 12/24/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Frank E. Rubin Co

(b) Address 20 West Linwood

19. (a) Dec 26 1942 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd
year 1942 hour 5: minute 10 A.M.

21. I hereby certify that I attended the deceased from June
25 to Dec 21st, 1942
that I last saw her alive on Dec 21st
and that death occurred on the date and hour stated above.

Immediate cause of death hypertension
Duration after

Due to Arteriosclerosis 14 days
chronic myocarditis Yes.

Due to Hypertension Yes
chronic

Other conditions abnorm 12/24
(Include pregnancy within 3 months of death)

Major findings: Of operations no
Of autopsy no
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) no

(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) (e) Means of injury _____

23. Signature J. W. Haeberly (M. D. or other) _____

Address Plaza and Broadway Date signed 12/24/42

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Charles M. Furrk*

Licensed Embalmer No. *3774*

P. O. Address..... *Kansas City 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.