

FILED FEB 10 1943

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 432

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: Major Clinic-3100 Euclid Avenue 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months
(Specify whether years, months or days)

In this community 4 Months

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Franklin 14

(c) City or town Ottawa 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country England 2

3. (a) PRINT FULL NAME Mrs. Caroline M. McCarthy

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Michael McCarthy

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

7. Birth date of deceased November 10 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>17</u>	<u>hr. min.</u>

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

MOTHER { 12. Name John Evans

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Michael J. McCarthy

(b) Address Corpus Christi, Texas

17. (a) Burial (b) Date thereof Jan. 27, 1943
(Method, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa, Kansas

18. (a) Signature of funeral director D. W. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 1/27/43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27th
year 1943 hour one minute P M.

21. I hereby certify that I attended the deceased from Oct 25th 1942 to Jan 27th 1943
that I last saw her alive on Jan 27th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 3 days

Due to Cerebral arterio sclerosis

Due to 83B

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

Major findings: ✓
Of operations ✓

Of autopsy ✓

Duration

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) ✓

(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)

(c) Means of injury ✓

23. Signature Herman S. Major (M. D. or other)
Address 3100 Euclid Ave NKC Mo Date signed 1/27/43

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

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.....

Emile M. Calhoun

Licensed Embalmer No.....

3506

P. O. Address.....

F. O. No.

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.