

Registration District No. **149** Primary Registration District No. **1002**

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:
1220 Hardesty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community 7 yrs.
years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Katherine West

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, widowed

6. (b) Name of husband or wife Robert West 6. (c) Age of husband or wife if alive, deceased years

7. Birth date of deceased May 3 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 0 hr. min.

9. Birthplace Independence Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Nicholas Myers

13. Birthplace Dublin, Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Fahey

15. Birthplace Dublin, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Peggy West

(b) Address 1220 Hardesty

17. (a) Burial (b) Date thereof 2-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 3-5-43 (b) M. M. Browne
(Date received local registrar) (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. 1220 Hardesty
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3rd
year 1943 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h. Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Death due to strangling.

Due to 1642

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) suicide

(b) Date of occurrence March 3 1943

(c) Where did injury occur? Kan. City, Jackson Mo
(City or town) (County) (State)

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

While at work? No (Specify type of place)

(e) Means of injury strangling

23. Signature A. E. Upcher (M. D. or other)

Address 2315 M. Hwy Date signed 3/4/43

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.....

John P. Sheir

Licensed Embalmer No. *3625*

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.