

FILED MAR 20 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1152

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:
Peurah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 55
(c) City or town Pickering 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Agnes Margaret O'Dwyer

3. (b) If veteran, name war no 3. (c) Social security No. none

4. Sex female 5. Color or race w
6. (a) Single, widowed, married
divorced 1
6. (b) Name of husband or wife Patrick O'Dwyer
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased April 10 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 4
If less than one day hr. min.

9. Birthplace Berry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business

MOTHER FATHER
12. Name Morton J. Barbarty
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary J. Barbarty
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ernie J. Poesch

(b) Address 1915 S. 10th St. Kansas City, Mo.

17. (a) Pickering, Mo. (b) Date there March 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John J. ...

(b) Address Pickering, Mo.

19. (a) 3/7/43 (b) M. W. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1943 hour 10 minute 25 AM.

21. I hereby certify that I attended the deceased from October
1942 to 3/7 19 43

that I last saw h. er alive on March 6 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
failure, congestive

Due to arteriosclerosis &
hypertension

Due to 926

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

Major findings: Of operations
Of autopsy

Duration
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 John J. ... (M. D. or other)
Address Professor B. E. K. C. Mo. Date signed 3/7/43

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

Signed John Samuel Jr.

Licensed Embalmer No. 1872

P. O. Address Pine City, Md.

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.