

Registration District No. **1002/19**

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:
General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **31 days**
 (Specify whether years, months or days)
 In this community **34 Years**

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. **2504 Chelsea**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Bridgett McDermott**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **1**
 year **1943** hour **5** minute **15** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife **John McDermott**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **February 28th 1846**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 1**, 19 **43**, **June 1**, 19 **43**.
 that I last saw her alive on **June 1**, 19 **43**,
 and that death occurred on the date and hour stated above.

8. AGE: Years **97** Months **8** Days **3**
 If less than one day _____ hr. _____ min.

Immediate cause of death:
Fracture left hip
Bronchopneumonia
 Due to **Decubitus ulcers**

9. Birthplace **Rhode Island**
 (City, town, or county) (State or foreign country)

Due to **186a**
16
 Other conditions:
 (Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business **At Home**
 12. Name **Redmond Burk**
 13. Birthplace **Unknown** **Ireland 4**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** **Ireland 4**
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Acc 123**
 (b) Date of occurrence **May 1st 1943**
 (c) Where did injury occur? **KJC Jackson Mo**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

16. (a) Informant **Joseph L McDermott**
 (b) Address **2504 Chelsea Street**
 17. (a) **Burial** (b) Date thereof **6-4-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Mary's Cemetery**

While at work? _____ (Specify type of place)
 Means of injury **Fall**
 23. Signature **Drury R. Thom** (M. D. or other)
 Address **GEN. Hosp.** Date signed _____

18. (a) Signature of funeral director **M. Melody and M. Kelly**
 (b) Address **K.C. Missouri**
 19. (a) **6-7-43** (b) **M. M. Crowe**
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

48
3
8

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..... *Russell H France*

Licensed Embalmer No..... *4255*

P. O. Address..... *KC 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.