

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3304

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 2mo 16 days
(Specify whether _____)

In this community 26 yrs.
(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. 53rd Highland
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaret Devinney

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1943 hour 6 minute 40 P. M.

4. Sex f

5. Color or race W.

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

6. (b) Name of husband or wife August

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

7. Birth date of deceased Aug. 15, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15 1943 to July 29 1943 that I last saw him live on July 29 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death hypertensive cardio vascular disease with cardiac failure

Due to failure

Due to 93d

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

9. Birthplace Blasgow ms
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Fitzgerald

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

14. Maiden name Ann Blake

15. Birthplace Randolph Co. mo
(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) _____

(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? _____

16. (a) Informant Melody McStilly

(b) Address K.C. Mo.

17. (a) Burial (b) Date thereof 7-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director Melody McStilly
(b) Address K.C. Mo.

19. (a) 7-30-43 (b) T.E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Dr. R. Thon (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.