

ED AUG 6 1943 149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3073

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:  
**4428 Mill Creek Parkway. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community **50 Years**  
years, months or days)

3. (a) PRINT FULL NAME **Mary Ellen Farrell**

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 **Joseph Patrick Farrell** 6. (c) Age of husband or wife if alive **18 1/2 years**

7. Birth date of deceased **May 29 1913**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **14** If less than one day **13** hr. min.

9. Birthplace **Leavenworth Kansas /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Martin Donevan**

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

14. Maiden name **Katherine Donevan**

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

16. (a) Informant **Mary L. Farrell**

(b) Address **4428 Mill Creek Parkway**

17. (a) **Burial** (b) Date thereof **7-14-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cemetery**

18. (a) Signature of funeral director **J. J. Donnell**

(b) Address **3256 Broadway**

19. (a) **7-13-43** (b) **J. E. Brown**  
(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. **4428 Mill Creek Parkway**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12th.**  
year **1943** hour **.10** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **May 2, 1943** to **July 12, 1943**  
that I last saw him alive on **July 12, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure**  
Due to **Hypertension**  
Due to **arteriosclerosis**

Other conditions **Patent had pushed hip early in May.**

Major findings:  
Of operations.....  
Of autopsy **no.**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident.**  
(b) Date of occurrence **5. 1943 12.3**  
(c) Where did injury occur? **K.C. Jackson, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**at Home**

While at work?..... (Specify type of place)  
(e) Means of injury **Fell down**  
23. Signature **Donald B. Blum** (M. D. or other)  
Address **924 Prof. Bldg** Date signed **7-13-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Donald R. Black  
Professional Bldg.

OCT 13 1959

**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

*Paul G. Rowe*

Licensed Embalmer No.

*2347*

P. O. Address

*R. E. 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.**