

FILED NOV 19 1943

Primary Registration District No. 1002

Registrar's No. 4671

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

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:
2616 Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. MARGARET SHINE

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 widow

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased May 12th, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Casey

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

14. Maiden name Margaret Kennally

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

16. (a) Informant Bernard D. Shine

(b) Address 2616 Madison

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 11/4/1943
(Month) (Day) (Year)

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

18. (a) Signature of funeral director W. E. Brown

(b) Address 20 W. Linwood, K.C., Mo.

19. (a) 11-3-43 (b) W. 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. 2616 Madison
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd
year 1943 hour 4: minute 25 A. M.

21. I hereby certify that I attended the deceased from 11/1 to 11/4 1943
that I last saw her alive on 11/1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to Arteriosclerosis

Other conditions g3a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) (d) Means of injury.

23. Signature P. J. O'Brien M.D. (M. D. or other) 11/4-43
Address 2071 E. Main, Mo. Date signed 11/4-43

Duration

21 days
10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

K.E. Ho

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..... *Harlyn Lee*

Licensed Embalmer No..... *2810*

P. O. Address..... *14 E. 11th*

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.