

FILED FEB 8 1944
149

Registration District No. _____

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:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 years 3 months (Specify whether 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. 5331 Highland Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PATRICK McGRAW

3. (b) If veteran, name war No Rec. 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased March 4th, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 10 10 hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Antony McGraw

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

14. Maiden name (No Record) Barrett

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

16. (a) Informant Sister St. Phile

(b) Address 5331 Highland Ave

17. (a) Burial (b) Date thereof 1/14/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Duirk O'Donnell

(b) Address 20 West Linwood

19. Jan 14 1944 (b) J. B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th
year 1944 hour 3: minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec. 20
_____ 19 43 to Jan. 12 19 44

that I last saw him alive on Jan. 11, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Myocardial failure 20min.

Due to Broncho Asthma _____ years

Due to Arterio sclerosis _____ years

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy 93a
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)
(a) _____ (b) _____ (c) _____

23. Signature Dr. Robert L. Brown (M. D. or other) MD

Address 1404 Bryant Bldg. Date signed 1/14/44

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

5697

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.