

7. S. No. 2
MOOM-5-43
Rev. 5-17-39
I X36671

State File No. _____

FILED FEB 24 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Bridget GLEESON
 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 Widow
 6. (b) Name of husband or wife Timothy Gleeson
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 8th, 1872
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>72</u> | <u>0</u> | <u>3</u> | hr. min. |

9. Birthplace County Claire IRELAND
(City, town, or county) (State or foreign country)
 10. Usual occupation House work At Home

11. Industry or business _____
 12. Name Michael Haugh
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Lynch
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Brosnan
 (b) Address 3015 Highland, K.C. Mo.
 17. (a) Burial (b) Date thereof 2/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Mellody - McGilley
 (b) Address K. C. Mo.
 19. (a) 2-12-44 (b) T. C. 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. 2115 Benton Blvd
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 11 th
 year 1944 hour 10 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Dec 27, 1944, to Feb 11, 1944
 that I last saw her alive on Feb 11, 1944, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|--|---------------------|
| <u>Coronary occlusion</u> | <u>Instantly</u> |
| Due to <u>extensive burn over back + hips</u> | <u>6 weeks yrs?</u> |
| Due to <u>arteriosclerosis</u> | |
| Other conditions: <small>(Include pregnancy within 3 months of death)</small> | |
| <u>O.K. By Dr. Seitch</u> | |
| Major findings: Of operations _____ | |
| Of autopsy <u>Refused</u> | |

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) External Burns
 (b) Date of occurrence Dec 26, 1943
 (c) Where did injury occur? In her house / 23
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
2115 Benton Blvd. K-C Mo
(Specify type of place)
 While at work? yes in home (a) Means of injury boiling soup
 23. Signature T. C. Brown (M. D. or other) _____
 Address 824 Rialto Bldg Date signed 2-12-44

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.....

JH Roper

Licensed Embalmer No.....

2999
KC

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.