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(36671)

FILED JUN 29 1944
Registration District No. 1944

Primary Registration District No. 1002

Registrar's No. 2592

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:
1011 Prospect Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 7 9 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Catherine Gertrude CURRAN

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 Curran 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased December 14th, 1857.
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 2 If less than one day hr. min.

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

10. Usual occupation Invalid at Home

11. Industry or business Charity to Others

12. Name Michael Fitzgerald

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

14. Maiden name Mary Fitzgerald

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

16. (a) Informant Joseph Fitzgerald

(b) Address 1011 Prospect, K. C. Mo.

17. (a) Burial (b) Date thereof 6/19/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Mellody-McGilley

(b) Address K. C. Mo.

19. (a) 6/20/44. (b) N. 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. 1011 Prospect Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th
year 1944 hour 3:05 minute P.M.

21. I hereby certify that I attended the deceased from 7-25, 1942 to 6-16, 1944
that I last saw her alive on 6-5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cholecystitis & lithiasis.

Due to _____

Due to 114 to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations: _____

Of autopsy: no

Duration

PHYSICIAN

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)
(e) Means of injury _____

23. Signature N. E. Brown (M. D. or other) MD

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.....²⁸⁹⁹

P. O. Address.....^{KC}

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.

Vertical handwritten text on the right margin, possibly a date or initials.