

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:  
RESEARCH HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 27 DAYS  
 (Specify whether years, months or days) 15 YEARS

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. 3621 WYANDOTTE STREET  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. INEZ MAE SKEENS Mc CARTHY

3. (b) If veteran, name war NO 3. (c) Social Security No. 486-09-9288

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MR. JOSEPH T. Mc CARTHY 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased MAY 20 1896  
 (Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation CANDY MAKER

11. Industry or business DAVIS CANDY KITCHEN

12. Name JOHN SKEENS

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

14. Maiden name MINNIE CURNETTE

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

16. (a) Informant MR. JOSEPH T. Mc CARTHY

(b) Address 3621 WYANDOTTE STREET

17. (a) BURIAL (b) Date thereof JUNE 26 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OTTAWA KANSAS

18. (c) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-26-44 (b) P. E. Brown  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26<sup>TH</sup> year 1944 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 28 1944 to June 25 1944 that I last saw her alive on June 25 1944; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Cerebral hemorrhage

Due to 603

Other conditions maligant hypertension  
 (Include pregnancy within 3 months of death)

Major findings: hypertension PHYSICIAN

Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Harold A. Pallett (M. D. or other) \_\_\_\_\_

Address 1132 1/2 E. 11th St. Kansas City, Mo. Date signed 6/26/44

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

48  
33  
5

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.**