

FILED JUL 15 1944

Registration District No. 1749

Primary Registration District No. 1002

Registrar's No. 2756

1. PLACE OF DEATH: **Jackson**  
 (a) County **Kansas City**  
 (b) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **K.C. General Hospital #1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10 days**  
 (Specify whether years, months or days) **unknown**

2. USUAL RESIDENCE OF DECEASED:  
**Missouri** **Jackson**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **28 E. 3rd St.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Mc Carty Patrick**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **unk.**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **9** years

7. Birth date of deceased **No record**  
 (Month) (Day) (Year)

8. AGE: Years **84** Months Days If less than one day  
 hr. min.

9. Birthplace **No record** (City, town, or county) (State or foreign country) **9**

10. Usual occupation **No record**

11. Industry or business **No record**

12. Name **No record**

13. Birthplace **No record** (City, town, or county) (State or foreign country) **9**

14. Maiden name **No record**

15. Birthplace **No record** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Record Clerk**

(b) Address **K. C. General Hospital No.**

17. (a) **Burial** (b) Date thereof **July 1-44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **buried**

18. (a) Signature of funeral director **Wm. A. Brown**

(b) Address **City, Missouri**

19. (a) **7-1-44** (b) **N. E. Brown**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **24**  
 year **1944** hour **7** minute **00** A. M.

21. I hereby certify that I attended the deceased from **June 14**, 19**44** to **June 24**, 19**44**  
 that I last saw him alive on **June 24**, 19**44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia**

Due to **Broncho pneumonia**

Due to **107**

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations **None**  
 Of autopsy **None**

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) (Specify means of injury)  
 23. Signature **A. E. Upsher** (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.....

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.**