

FILED AUG 2 1944
Registration District No. 149

Primary Registration District No. 1002

State File No. _____

Registrar's No. 2978

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: 2444 Mersington
(If not in hospital or institution, write street number or location) XX
(d) Length of stay: In hospital or institution XX (Specify whether) 1
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2444 Mersington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ()

3. (a) PRINT MRS. SUSAN SAVAGE
FULL NAME

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Savage 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased July 16 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name James McMenamin

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

14. Maiden name Grace Moss

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

16. (a) Informant Kathleen Savage

(b) Address 2444 Mersington

17. (a) Burial (b) Date thereof July 20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City Mo.

19. (a) 7-18-44 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1944 hour 1: minute 15 A. M.

21. I hereby certify that I attended the deceased from Sec. 10 1943 July 17 1944
that I last saw her alive on July 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 5 wks.

Due to Carcinoma of Corpus uteri & Metastatic to Intestine 7 MO

Other conditions 48 hrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 work) (e) Means of injury _____

23. Signature J. M. Thompson (M. D. or other) DO.

Address 3800 E 27th St. Kansas City Mo. Date signed 7-18-44

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

FILED
2831

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 *A. R. Hunschuld*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City 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.