

FILED NOV 14 1944

Registration District No. 177

Primary Registration District No. 1002

Registrar's No.

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:  
815 East 42nd St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street 815 East 42nd St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Anne O'Callaghan  
3. (b) If veteran, name war -- no 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 31  
year 44 hour 1 minute 45 P. M.  
21. I hereby certify that I attended the deceased from Several  
years 1944 to 10/31 1944  
that I last saw h. alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced 2 Widow  
6. (b) Name of husband or wife Thos. O'Callaghan 6. (c) Age of husband or wife alive years  
7. Birth date of deceased June 22 1857  
(Month) (Day) (Year)

Immediate cause of death Several Malacia Duration 1 yr.  
arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 87 Months 4 Days 9 If less than one day  
hr. min.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 83C  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Co. Cavan Ireland 4  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home  
11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James O'Reilly  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Brady  
15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
16. (a) Informant Miss Margaret O'Callaghan  
(b) Address 815 East 42nd St.  
17. (a) Burial (b) Date thereof 11-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary's Cemetery  
18. (a) Signature of funeral director Thos. E. Quirk  
(b) Address 4316 Troost  
19. (a) 11-2-44 (b) N. C. Brown  
(Date received local registrar) (Registrar's signature)

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 0  
23. Signature Dr. John C. Brown  
Address A. C. Mo. Date signed \_\_\_\_\_

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

**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

*John E. Jewick*

Licensed Embalmer No.

3755

P. O. Address

*R. E. McD*

**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.**