

FILED JAN 4 1945

State File No.

5197

Registration District No. 149

Primary Registration District No. 10.02

Registrar's No.

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

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 33 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5006 E. 9 St. 7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Helen Healy

3. (b) If veteran,

name war. no

3. (c) Social Security

No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1944 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec. 11 1944 to Dec. 19 1944
and that death occurred on the date and hour stated above.
that I last saw her alive on Dec. 19 1944

Immediate cause of death Carcinoma of colon

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 24, 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 25. If less than one day hr. min.

9. Birthplace Macon Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation retired milliner

11. Industry or business

MOTHER FATHER

12. Name Patrick Healy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Julia Agnes Duffy
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Healy
(b) Address 5006 E. 9 St.

17. (a) Burial (b) Date thereof Dec 22 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's
18. (a) Signature of funeral director Melody McElroy
(b) Address K. C. Mo.

19. (a) 12-21-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 462

Major findings: Of operations
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)
(c) Means of injury

23. Signature A. E. Upsher (M. Director)
Address Med. Dir. Gen'l Hosp. Date signed 12-20-44

APR 4 1947

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.