

FILED DEC 22 1944

Registration District No. 779

Primary Registration District No. 1002

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:
911 West 32nd
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 65 years

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") ^P
 (d) Street No. 911 West 32nd.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs Mary Mc Grath

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive (be) 82 years
 7. Birth date of deceased May 1, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Waterford Co Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Daniel Farrell
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Bridget Kelley
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret McDonnell
 (b) Address 911 West 32nd.

17. (a) Burial (b) Date thereof 12-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director DeWick and Robin Co
 (b) Address 20 West Linwood

19. (a) Dec 5, 1944 (b) J E Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd
 year 1944 hour 11 minute 17 A.M.

21. I hereby certify that I attended the deceased from NOV 22 25
1944 to Dec 2 1944
 that I last saw him alive on Dec 2 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombus
 Due to arteriosclerosis 7 days

Due to hypertension years

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

Major findings:
 Of operations giff
 Of autopsy _____

Duration

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) (e) Means of injury 0

23. Signature John T. Skinner (M. D. or other) MD
 Address 1102 Grand Ave Date signed 12/4/44

MAN 22 1949

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..... *Charles M. Quirk*.....

Licensed Embalmer No. *3774*.....

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.