

FILED APR 28 1945

Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 430

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
801 No. 10th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 801 No. 10th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Mary McCarthy

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. January 18 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business None

12. Name Thomas McCarthy

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

14. Maiden name Bridget Gleason

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

16. (a) Informant William McCarthy
(b) Address 1311 So. 13th. St.

17. (a) Burial (b) Date thereof April, 20, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Norman W. Sullivan
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) April, 18, 45 (b) Debra J. Finkle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1945 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 2, 1945 to Apr 15, 1945
that I last saw him alive on Apr 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to arterioscl. gen

Due to _____

Other conditions Myocard. Chr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy gmo

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?
(Specify type of place) _____ (e) Means of injury _____

23. Signature Frank J. Madigan (M. D. or other)
Address 620 Maple Date signed 4/18/45

Duration 12 hr
Underline the cause to which death should be charged statistically.

1377

FEB 11 1945

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 Keith Collier
Licensed Embalmer No. 3632
P. O. Address St Joseph 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.