

No. 2  
-5-43  
5-17-39  
I X 36671

**FILED FEB 19 1946**

Primary Registration District No. 1002

**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:  
General Hospital (1)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks  
In this community 78 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1303 West 21st Street  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** MRS. CATHERINE MCCARTHY

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Dan McCarthy

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased About 1864  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day

About 82 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** { 12. Name Frank McNellis

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Carr

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Brown

(b) Address 1303 West 21st Street

17. (a) Burial (b) Date thereof Feb 8 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 20 West Linwood

19. (a) 2-7-46 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month 5th day Feb  
year 1946 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia  
Fracture right hip  
Injury by Fall.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

1862-5  
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22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (Type) Accident 123  
(b) Date of occurrence 12/28/45  
(c) Where did injury occur? Kansas City Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
City Hall  
While at work \_\_\_\_\_ (Specify type of place) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or D. O.)  
Address 2800 Main Date 2/7/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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**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 Edward V. Finner

Licensed Embalmer No. 4134

P. O. Address Boston (at 3rd)

**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.**