

S. No. 2
M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUN 3 1946 STANDARD CERTIFICATE OF DEATH

16680
2301

State File No.
Registrar's No.

Registration District No. 149 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:
3629 Flora
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 12 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. 3629 Flora
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSE HEALY
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 Widowed
6. (b) Name of husband or wife Michael 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 21 1854
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21
year 1946 hour 7:00pm minute _____ M.
21. I hereby certify that I attended the deceased from Jan 1 -
May 21, 1946, to May 21, 1946
that I last saw her alive on May 21 -, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Mitral Regurgitation Duration _____

8. AGE: Years Months Days If less than one day
92 1 0 hr. _____ min.

Due to Senility
Due to _____

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

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

10. Usual occupation Housewife
11. Industry or business _____
MOTHER FATHER { 12. Name James Harrigan
13. Birthplace Belfast Ireland
(City, town, or county) (State or foreign country) /
14. Maiden name Mary Lafferty
15. Birthplace Belfast Ireland
(City, town, or county) (State or foreign country) /

Major findings: 92 15
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rose Hudson
(b) Address 4819 Brooklyn Kansas City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 22, 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Cincinnati, Ohio
18. (a) Signature of funeral director Devito & Tolson
(b) Address 20 West Linwood, Kansas City
19. (a) 5-23-46 (Date received local registrar) (b) Heraldine Holmes (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 Devito & Tolson (M. D. or other) _____
Address 1103 Ashmun Date signed 5-22-46

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

15362

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..... *Maudie Adams*

Licensed Embalmer No. *4016*

P. O. Address..... *20 W. Linwood*

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.