

FILED JAN 20 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 52

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
(Specify whether years, months or days)
In this community 21 years

3. (a) PRINT FULL NAME Frances McCaffrey

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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 6 1981
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 1 hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Ass't. Pharmacist

11. Industry or business St. Joseph's Hospital

12. Name Patrick McCaffrey

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

14. Maiden name Clara Apple

15. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles McCaffrey

(b) Address Cosby, Missouri

17. (a) Burial (b) Date thereof 1/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director Heaton Be Sub + Burdman
(b) Address St. Joseph, Mo.

19. (a) 1-14-47 (b) L. G. Jenkins
(Date received local registrar) (Registrar's signature)

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. St. Joseph's Hospital
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 8 to Jan 7, 1947
that I last saw her alive on Jan 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary
Due to metastatic malignancy
Due to _____

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

Major findings:
Of operations _____

Of autopsy 49

22. If death was due to external causes, fill in the following:

(c) 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 8
23. Signature Louis G. Hendricks, M.D. (M. D. or other)
Address 825 Charles Street Date signed 1-8-47

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

10N291947

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.....

Raymond H. Morehead

Licensed Embalmer No. *4413A*

P. O. Address *319 So 10th St. S. J. P. P.*

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.