No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1211

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 85

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: 2920 FOREST AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether In this community 41 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 49

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2920 FOREST AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME THOMAS GREGORY McCARTHY

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-05-0350

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. PEARL McCARTHY

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased APRIL (Month) 23 (Day) 1876 (Year)

8. AGE: Years 70 | Months 8 | Days 14 | If less than one day ___ hr. ___ min.

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

10. Usual occupation SALESMAN

11. Industry or business KANSAS CITY AUCTION COMPANY

FATHER
12. Name FRANK McCARTHY
13. Birthplace COUNTY CORK (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name BRIDGET LYNCH
15. Birthplace COUNTY GALWAY (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant MRS. PEARL McCARTHY

(b) Address 2920 FOREST AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-8-1947 (Month) (Day) (Year)

(c) Place: burial or cremation MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 1-8-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 7TH year 1947 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 15, 1946, to Jan 7, 1947, that I last saw h[illegible] alive on Jan 5, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Occlusion of Coronary Artery	10 mo
Due to: Arterio & Cerosis	1 yr
Due to:	
Other conditions: Angina Pectoris (Include pregnancy within 3 months of death)	

Major findings:
Of operations [illegible]
Of autopsy [illegible] 94a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. G. Sheldon (M. D. or other) [illegible]

Address 942 [illegible] Date signed 1-8-47

(Licensed Embalmer's Statement on Reverse Side)

[illegible]

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.