

S. No. 2
OM-5-43
v. 5-17-43
I X36671

FILED JUN 9 1947
Registration District No. **177**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 months
(Specify whether years, months or days)

In this community 8 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 44

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

(d) Street No. 5331 Highland
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME DELIA HIGGINS

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 unknown

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

7. Birth date of deceased Aug 21 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>9</u>	<u>3</u>	hr. min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Owen Timney 4

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

14. Maiden name Bridget Gallagher

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

16. (a) Informant Dr. Marie Alvin

(b) Address 5331 Highland Ave

17. (a) Burial (b) Date thereof 5-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thos. C. Quirk

(b) Address A.C. Mo.

19. (a) 5-26-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1947 hour 3 minute _____ P.M.

21. I hereby certify that I attended the deceased from May 20
1947 to May 24, 1947
that I last saw her alive on May 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Concurrent Bronchial pneumonia

Due to _____

Due to hypertensive heart disease & myocardium

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

PHYSICIAN

Major findings: _____

Of operations no

Of autopsy no

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? _____

While at work _____ (Specify type of place)

Means of injury _____

Signature John J. Sawyer (M. D. or other) MD

Address 1102 ... Date signed 5-26-47

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 *Thomas E. Quirk*
Licensed Embalmer No. *3775*
P. O. Address *KC 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.