

FILED JUN 17 1947

Registration District No. 197

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 No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days
(Specify whether in this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 716 McGee 8
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Francis Cahill

3. (b) If veteran, name war Do not Know

3. (c) Social Security Do Not Know

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced unm R 9

6. (b) Name of husband or wife Do not Know

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

7. Birth date of deceased Feb. 11 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business _____

12. Name John Cahill 4

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

14. Maiden name Mary O'cain

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

16. (a) Informant General Hospital

(b) Address Kansas City Mo

17. Burial (b) Date thereof 6/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. ME. Calveary K.C.K.

18. (a) Signature of funeral director Passantino Bros.

(b) Address Kansas City Mo.

19. (a) 6-4-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1947 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from May 10 1947 to June 3 1947
that I last saw him alive on June 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to _____

Due to _____

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

Major findings: 46/5

Of operations _____

Of autopsy None

Duration _____

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 _____

Signature Wm W. Hart (M. D. or other) MA

Address Med. Dir. Gen'l Hosp. Date signed 6-4-47

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

Mr. E. P. Miller

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.....

Licensed Embalmer No.....

P. O. Address.....

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.