S: No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1947

Registration District No. 19

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20860
Registrar's No. 2690

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: 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 5 years (Specify whether years, months or days)
In this community 5 years

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. 5331 Highland 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. SARAH CARMODY
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 Widow
6. (b) Name of husband or wife No record
6. (c) Age of husband or wife if alive ....years
7. Birth date of deceased March 12 1867 (Month) (Day) (Year)
8. AGE: Years 80 Months 3 Days 9 If less than one day ....hr. ....min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name James Haley
13. Birthplace No record (City, town, or county) (State or foreign country)
14. Maiden name Ellen Mahoney
15. Birthplace No record (City, town, or county) (State or foreign country)
16. (a) Informant Sister St. Thule
(b) Address 5331 Highland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Quirk and Sabin
(b) Address 20 West Linwood
19. (a) 6-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 21st day June year 1947 hour 4:00 minute A M.
21. I hereby certify that I attended the deceased from Nov 1946, 19..., to June 19 1947 19...; that I last saw her alive on June 19 1947, 19...; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 10 Days |
| Due to Hypertensive Heart Disease 15 | years |
| Due to Generalized Arterio-sclerosis 20 | years |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 93 d
Of autopsy No

PHYSICIAN
Underline the cause of 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 0
23. Signature John T. Skinner (M. D. or other) MD
Address 1402 Bryant Bldg Date signed 4/21/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

## 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 Howard W. Farmer

Licensed Embalmer No. 4134

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.**