

No. 2
-5-43
5-17-39
I X36671

FILED AUG 7 1947
Registration District No. 187

Primary Registration District No. 1002

Registrar's No. 3113

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:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks
(Specify whether years, months or days)

In this community 2 wks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

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

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Ireland

3. (a) PRINT FULL NAME CATHERINE FLEMING

3. (b) If veteran, name war NO

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24
year 1947 hour 7 minute 07 P.M.

21. I hereby certify that I attended the deceased from JULY 1, 1947
to JULY 24, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Bruce Fleming 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April 16 - 1867
(Month) (Day) (Year)

Immediate cause of death Carcinoma of pancreas

Duration OVER 3 MO.

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>3</u>	<u>18</u>	hr. <u>21</u> min.

Due to —

Due to —

Other conditions — (include pregnancy within 3 months of death) 468

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

10. Usual occupation housewife

Major findings: CARCINOMA OF PANCREAS

Of operations —

Of autopsy —

PHYSICIAN —
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business —

12. Name James J. J. 4

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

14. Maiden name Ann Browne

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

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? —

16. (a) Informant Mrs. A. P. Morey

(b) Address Independence Mo

17. (a) Removal (b) Date thereof July 24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Mo

18. (a) Signature of funeral director D. W. Newcomer, Son

(b) Address 1401 Bradford Blvd

19. (a) 7-24-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury —

23. Signature Arthur S. Cain (M. D. or other) —

Address 507 Professional Bldg. Date signed 7-24-47

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

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.....

John E. Fraking
working under my personal supervision.

....., Registered Apprentice No. *504*

Signed *E. Oscar Thornton*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.