—1/47
5-17-39

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

National Office of Vital Statistics
FILED NOV 29 1947

STANDARD CERTIFICATE OF DEATH

State File No. 38063

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4809

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 23 days (Specify whether years, months or days)
In this community 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.: 215½ Independence 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: U

3. (a) PRINT FULL NAME: Michael Carney
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Sept 10 1864 (Month) (Day) (Year)
8. AGE: Years 83 Months 2 Days 5 If less than one day hr. min.
9. Birthplace: Baltimore Md (City, town, or county) (State or foreign country)
10. Usual occupation: Fireman R.R.
11. Industry or business: Retired
FATHER
12. Name: John Carney
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Catherine Kilduff
15. Birthplace: Penn. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Mary Carbine
(b) Address: Cumberland Md.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: St Mary Cem.
18. (a) Signature of funeral director: Sebbetts Funeral Home
(b) Address: 901 E 5th st
19. (a) 11-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1947 hour 6 minute 50 P.M.
21. I hereby certify that I attended the deceased from July 23, 1947, to Nov. 15, 1947; that I last saw him alive on Nov. 15, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of rectum	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 4/10	

Major findings: Of operations:
Of autopsy: None

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: Wm W Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed 11-18-47

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

Dr. Taylor

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 Roy E. Snow

Licensed Embalmer No. 2560

P. O. Address K C 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.