

National Office of Vital Statistics

State File No. ....

FILED NOV 29 1947

Registration District No. 1499Primary Registration District No. 10.02Registrar's No. 4795

## 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. Joseph Hosp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 5 Days  
 (Specify whether  
 In this community 60 Years  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3310 Broadway  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country None

3. (a) PRINT FULL NAME CATHERINE HERALD

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 John G. Herald  
 6. (c) Age of husband or wife if alive 2 years  
 7. Birth date of deceased July 2 1871  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 18 1/2 hr. min.

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

10. Usual occupation Housewife

## 11. Industry or business.

12. Name Michael Donnelly  
 13. Birthplace No Record  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margaret McDonald  
 15. Birthplace Wisconsin  
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Irene Herald  
 (b) Address 3310 Broadway  
 17. (a) Burial (b) Date thereof 11-17-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director Mark A. ...  
 (b) Address 20 W. Linwood

19. (a) 11-17-47 (b) Steraldine Holmes  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14  
 year 1947 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from 1928  
 19 14 to Nov 14 19 47  
 that I last saw her alive on Nov 14 19 47  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Senility

Due to Senility  
 Due to Post-Pneumonia

Other conditions Pneumonia 1 week  
 (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy 330

## 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)  
 (e) Means of injury 0  
 23. Signature Steraldine Holmes (M.D. or other)  
 Address 303 W. ... Date signed 11-15-47

Underline the cause of which death should be charged statistically.

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.....

Francis L. Fisher....., Registered Apprentice No. 47  
working under my personal supervision.

Signed Howard W. Farmer.....

Licensed Embalmer No. 4134.....

P. O. Address Kearney 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.