

No. 2
-12-45
-17-39
X47070

FILED NOV 24 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Months 5
(Specify whether
In this community 80 years
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") 8
(d) Street No. 5331 Highland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MISS MARY L. McSWEENEY

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 15 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 24 hr. _____ min.

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

10. Usual occupation Retired Dressmaker

11. Industry or business _____

12. Name Owen McSweeney

13. Birthplace Ireland (City, town, or county) (State or foreign country) 4

14. Maiden name Mary O'Brien (City, town, or county) (State or foreign country)

15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant JAMES O'BRIEN

(b) Address 3009 BALTIMORE

17. (a) Burial (b) Date thereof 11/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cemetery Shawnee Kansas

18. (a) Signature of funeral director Shawnee Kansas

(b) Address Kansas City, Missouri

19. (a) 11-10-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day Nov
year 1947 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from March
1947, 19____, to _____, 19____;
that I last saw her alive on Nov 9 1947, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute and Chronic Myocardial In- 10 years
farction

Due to Coronary arterio-sclerosis 15 years

Due to _____

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

Major findings: _____
Of operations _____ 93d
Of autopsy No
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?

While at work? _____ (Specify type of place)
(b) Means of injury 0

23. Signature John T. Skemer M.D. or other M.D.
Address 102 Grand Ave. Date signed 11/10/47

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.