S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1044

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 60

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. MARY'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 60 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")

(d) Street No. 4542 BELLEVIEW 8
(If rural, give location) 0

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY ~~SHEEHAN~~ DEIGHAN

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 JOSEPH DEIGHAN

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

7. Birth date of deceased AUGUST (Month) 3 (Day) 1876 (Year)

8. AGE: Years 71 Months 5 Days 1 If less than one day hr. min.

9. Birthplace DUBLIN (City, town, or county) IRELAND 4 (State or foreign country)

10. Usual occupation AT HOME--HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN SHEEHAN
13. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

16. (a) Informant DANIEL DEIGHAN
(b) Address 4542 BELLEVIEW

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director J. F. Donnell
(b) Address 3256 BROADWAY

19. (a) 1-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 4
year 1948 hour 7 minute 50 P/M.

21. I hereby certify that I attended the deceased from Pathologist, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia, Right	
Due to	
Due to Coronary Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See Above	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Ussher (M. D. or other) MD

Address 2800 Main Date signed 1/5/48

(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 Park G. Rowe

Licensed Embalmer No. 2347

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.