

FILED JUN 19 1948
Registration District No. **49**

Primary Registration District No. **1002**

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:
St. Agnes Convent 134 North Hardesty
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **60 years**
(Specify whether years, months or days)

In this community **60 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

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

(d) Street No. **134 North Hardesty**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Sister Mary Philomena (Delaney)**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7th**
year **1948** hour **11.15 P.M.**

4. Sex **Female** 5. Color of 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

21. I hereby certify that I attended the deceased from **3/16** 19 **48** to **6-7** 19 **48**
that I last saw him **alive** on **6-7** 19 **48**
and that death occurred on the date and hour stated above.

7. Birth date of deceased: **May 10, 1876**
(Month) (Day) (Year)

8. AGE: Years **72** Months **0** Days **27** If less than one day hr. _____ min. _____

Immediate cause of death:
Procyogenic carcinoma of the left bronchus.

Due to _____

9. Birthplace: **Rookford, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Religious**

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

Major occupations: _____

11. Industry or business _____

12. Name: **Bernard Delaney**

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

14. Maiden name: **Catherine McKernan**

15. Birthplace: **Canada**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underlying cause of death which should be charged statistically:
Hypertension of subarachnoid space

Of autopsy: **no**

16. (a) Informant: **Sister Mary Charles, Superior**

(b) Address: **St. Agnes Convent 134 North Hardesty**

17. (a) **Burial** (b) Date thereof: **June 9, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director: **Thos. E. Quirk**

(b) Address: **4316 Troost Ave.**

19. (a) **6-8-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Where did injury occur? _____
(City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
(Specify type of place) (Specify means of injury)

23. Signature: **[Signature]** (M. D. or D. O.) _____
Address: **[Address]** Date signed: **6/9/48**

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

Thomas E. Zwick

Licensed Embalmer No.

*3375
J. C. M.*

P. O. Address.....

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.