

FILED JUL 3 1948 *149*

Primary Registration District No. *1002*

Registrar's No. *2633*

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 *5*  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 years  
(Specify whether years, months or days)  
 In this community 7 years

3. (a) PRINT FULL NAME MARGARET SHARKEY  
 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 *0*  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug 10 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>13</u>	<u>2</u> hr. _____ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name John Sharkey  
 13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Donlon  
 15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Sister of the Poor  
 (b) Address 5331 Highland

17. (a) Removal  
(Burial, cremation, or removal) (b) Date thereof 6/23/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Kentucky

18. (a) Signature of funeral director John T. Skinner

(b) Address 20 West Linwood

19. (a) 6-23-48  
(Date received local registrar) (b) Geraldine Holmes  
(Registrar's signature)

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. 5331 Highland *8*  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day June  
 year 1948 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from June 1947  
 \_\_\_\_\_, 19\_\_\_\_, to June 23, 1948;

that I last saw her alive on June 23 1948, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Thrombosis *8 Hours*  
 Due to Hypertensive Heart Disease *10 yrs*

Due to Generalized Arterio-sclerosis *15 years*

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations 932  
 Of autopsy \_\_\_\_\_  
 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

23. Signature John T. Skinner (M. D. or other) *MD*  
 Address 1102 Grove Ave Date signed 6/23/48

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**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 John J. Lowrey  
Licensed Embalmer No. 4424  
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.**