

FILED JUL 22 1948

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2912

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:  
Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7-8-48-7-14-48  
(Specify whether  
In this community 51 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. 38 East 32d Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME MISS CATHERINE J. MADDEN

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh 6. (a) Single, widowed, married, divorced Sgl

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

7. Birth date of deceased July 18 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>26</u>	hr. min.

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

10. Usual occupation At Home

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

12. Name John P. Madden

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

14. Maiden name Mary Keating

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

16. (a) Informant Miss Alice Madden

(b) Address 38 East 32d Street

17. (a) Burial (b) Date thereof 7-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. M. Magner

(b) Address Kansas City, Mo.

19. (a) 7-15-48 (b) Sheraldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th  
year 1948 hour 4: minute 20 A. M.

21. I hereby certify that I attended the deceased from Nov - 3 - 1947 to July 14 1948  
that I last saw her alive on July 13 - 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency  
Old Rheumatic Heart Disease  
Duration 9 yrs  
25 yrs

Due to \_\_\_\_\_  
Other conditions Arteriosclerosis  
(Include pregnancy within 6 months of death)  
Fracture left hip - July 8 48

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 1860  
16

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

(a) Accident, suicide, or homicide (specify) accident 123

(b) Date of occurrence 7-8-48

(c) Where did injury occur? K. C. Jackson, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
I at home

While at work? at phone (Specify type of place)  
(e) Means of injury fall

23. Signature Paul J. Durek (M. D. or other)

Address 106 W. 14th St. K.C. Mo Date signed 7/15/48

MOTHER FATHER

*Dr. Brent*

**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 *Alvin R. Hamschil*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**