No. 300
-10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26203
3394

FILED SEP 4 1948
Registration District No. 949

Primary Registration District No. 1002

Registrar's No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: 67 years

2. USUAL RESIDENCE OF DEATH:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 5833 Forest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. BRIDGIE A. CLEARY
3. (b) If veteran, name war: XX
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Thomas F. Cleary
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: February (Month) 2 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	6	17	hr. min.

9. Birthplace: Cootehill Co. Cavan (City, town, or county) Ireland (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: John Kelly
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ellen Agnes Markey
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Helen A. Adams
(b) Address: 6111 Forest
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 8-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th year 1948 hour 9: minute 03 A M.
21. I hereby certify that I attended the deceased from May 1, 1948, to Aug 19, 1948, that I last saw her alive on Aug 19, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sarcoma of Uterus	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 48 B	

Major findings: Of operations: Diagnostic Curettage
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: P. J. O'Connell (M. D. or other) MD
Address: 329 Argyle Bldg. Date signed: 8-20-48

(Licensed Embalmer's Statement on Reverse Side)

Eugene
V1-3311

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 Eugene L. Kennon, Registered Apprentice No. 217, working under my personal supervision.

Signed Alvin R. Hamschild

Licensed Embalmer No. 4159

P. O. Address Kansas City M

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.