

Registration District No. 149

Primary Registration District No. 1002

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:
14 A. Kessler Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME THERESA B. BEADES

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 Timothy J. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 17th 1889
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John Danaher
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
14. Maiden name Jane Conway
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant John P. Beades
(b) Address 43rd & Brooklyn Unit 10C
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27, 48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Quirk & Tobin Co.
(b) Address 20 W. Linwood

19. (a) 12-27-48 (Date received local registrar) (b) Geraldine Holman (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. 43rd & Brooklyn Unit 10C 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 Dec day 23
year 1948 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from June 2, 1941 to Apr. 14, 1948;
that I last saw her alive on Apr. 14, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Respiratory paralysis
Due to Coronary thrombosis
Other conditions Arterial hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 13 W
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? 1

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature B. Landis Elliot (M. D. certifier)
Address 1418 Perry Bldg Date signed 12-27-48

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

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, ~~only~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Howard W. Fanner

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.