

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1236
315

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>47</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>5</u> (township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3</u>	
c. LENGTH OF STAY (in this place) <u>10 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>5331 Highland Avenue</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Little Sisters of the Poor</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u>		b. (Middle)		c. (Last) <u>FARRELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>21</u> <u>49</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> <u>0</u>		8. DATE OF BIRTH <u>May 30, 1878</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>		IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleslady</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Farrell</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Madden</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sister Emilie, 5331 Highland, K.C., Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Resorption</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>1 week</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary arteriosclerosis</u>		<u>1-2 years</u>	
		DUE TO (c) <u>arteriosclerosis</u>		<u>year</u>	
11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>ni</u>					

19a. DATE OF OPERATION <u>ni</u>		19b. MAJOR FINDINGS OF OPERATION <u>ni</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ni</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 21, 1949, that I last saw the deceased alive on Jan 20, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John T. Skinner MD</u>		23b. ADDRESS <u>7102 Grand Blvd</u>		23c. DATE SIGNED <u>1-22-49</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>1-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>1-22-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>		ADDRESS <u>Kansas City, Mo.</u>	

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

Dr. Spencer

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 _____

C. Dean Cole

Student Embalmer No. 408

working under my personal supervision.

Student C. Dean Cole
Student Embalmer

Signed [Signature]
Licensed Embalmer No. 2119

P. O. Address KC

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.