

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41162

State File No. ....

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>5185</u>
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>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>35 East 34th</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				
3. NAME OF DECEASED (Type or Print) <u>MRS. KATHERINE</u>		a. (First)	b. (Middle)	c. (Last) <u>KANE</u>
4. DATE OF DEATH <u>Dec 1 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 24 1884</u>	9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>County Clare, Ireland</u>	12. CITIZEN OF WHAT COUNTRY? <u>--</u>
13a. FATHER'S NAME <u>John Gainey</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Hallahan</u>	14. NAME OF HUSBAND OR WIFE <u>James Kane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Kane</u> ADDRESS <u>35 East 34th Street</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Myocardial Degeneration</u>		<u>2 years</u>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Diabetes mellitus</u> <u>2 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>42.50</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 <u>Dec. 1, 1947</u> to <u>Dec. 1, 1949</u> , that I last saw the deceased alive on <u>Dec 1, 1949</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>John K. Caldwell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>306 E. 12 St. Kansas City, Mo.</u>	23c. DATE SIGNED <u>12/4/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/5/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG <u>12-7-49</u>	REGISTRAR'S SIGNATURE <u>Staldin Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight Robin Co</u> ADDRESS <u>20 West Linwood</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Forrest D. Caldwell*

Licensed Embalmer No. *4714*

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.