

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8646

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1037

1. PLACE OF DEATH  
a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (in this place) **80 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **1810 Brownell**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. STREET ADDRESS (If rural, give location) **1810 Brownell**

3. NAME OF DECEASED  
a. (First) **Kate** b. (Middle) \_\_\_\_\_ c. (Last) **ENRIGHT**

4. DATE OF DEATH (Month) (Day) (Year)  
**March 4, 1950**

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed**

8. DATE OF BIRTH **11-11-53**

9. AGE (In years last birthday) **96**  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 12 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At home**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **Ireland**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Theodore O'Grady**

13b. MOTHER'S MAIDEN NAME **Nancy Heffernin**

14. NAME OF HUSBAND OR WIFE **Jeremiah Enright**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Thos. Hannafin, 1810 Brownell, KC, Mo.**

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) **Alzheimer's disease**

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **5 years**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no**

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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Jan 27, 1949**, to **Feb 4, 1950**, that I last saw the deceased alive on **Feb 27, 1950**, and that death occurred at **9:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C.W. Rose**

23b. ADDRESS **239 E. Elmwood**

23c. DATE SIGNED **March 5, 1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **3-7-50**

24c. NAME OF CEMETERY OR CREMATORY **St. Mary's**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **3-6-50** REGISTRAR'S SIGNATURE **Geraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Melody-McGilley-Eylar, Kansas City, Mo.**

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

B. E. H. Heck  
103 N. Edwards  
after 1:30 pm

**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 B. E. Heck

Licensed Embalmer No. 4063

P. O. Address B. E. Heck

**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.