

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38702**  
**4863**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>60 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>4322 Charlotte</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>			b. (Middle)		c. (Last) <b>HANRAHAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5, 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 14, 1876</b>	9. AGE (In years last birthday) <b>76</b>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 HRS Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>County Cork, Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Michael Lyons</b>			13b. MOTHER'S MAIDEN NAME <b>Ellen Leary</b>		14. NAME OF HUSBAND OR WIFE <b>Patriek Hanrahan</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary E. Hanrahan, 4322 Charlotte, KC, Mo.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture R. femur (hip), Diabetic Coma</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus &amp; Hypertension</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 <b>24 hrs</b> <b>20 yrs</b> <b>20</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>123</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City, Jackson, MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-4-52 5Pm.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell on floor</b>			
22. I hereby certify that I attended the deceased from <b>24 yrs ago</b> , 19____, to <b>11-5</b> , 1952, that I last saw the deceased alive on <b>Nov 5</b> , 1952, and that death occurred at <b>5 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>William M. Korth</b> (Degree or title) <b>MD.</b>				23b. ADDRESS <b>612 Professional Bldg</b>		23c. DATE SIGNED <b>11-6-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-8-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>11-6-52</b>		REGISTRAR'S SIGNATURE <b>Sheddine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mellody-McGilley-Eylar, Kansas City, Mo.</b>			

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

Wm. Keith  
Prof. Bldg.  
Va. 0900

11 + 3 on Thru.

**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 Glen E. Beck

Licensed Embalmer No. 7063

P. O. Address A. C. V. No.

**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.