

Rev. 6-17-39
I 11951
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **399**

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: St. Joseph Hosp **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 1 (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 2539 Charlotte
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Jarrigan, Mrs. Mary A 625

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th
year 1939 hour 2:05 minute _____ a. M.

21. I hereby certify that I attended the deceased from Sept 10th, 1939, to Oct 29, 1939.

that I last saw her alive on Oct 28th, 1939, and that death occurred on the date and hour stated above.

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edgar Upton

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 21 1889
(Month) (Day) (Year)

Immediate cause of death Perforated ulcers of colon

Due to ulcerative colitis

Due to 120 lb

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy as above

Duration 10 days 8 weeks

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 50 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Kansas City, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Palmer Carrigan

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

14. Maiden name Johnanna Caphus

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

16. (a) Informant's own signature Jack Upton

(b) Address 2539 Charlotte

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Quinn Tatin

(b) Address 3m. m. Brown

19. (a) 10/30/39 (b) _____
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Paul D. O'Keefe (M. D. or other) _____

Address 1402 Buyer Date signed 10/20/39

A. J. Rankin

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.