S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5944

Registration District No. 397 Primary Registration District No. 1002 Registrar's No. 716

18 38 8

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. Josephs Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)

In this community 70 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No. 3945 Roanoke Road (If rural, give location)

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

3. (a) PRINT FULL NAME: Bridget Dwyer

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: John Dwyer

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

7. Birth date of deceased: November (Month) 6 (Day) 1870 (Year)

8. AGE: Years 70 Months 3 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace: Memphis (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER 12. Name: Miles Bulger

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

MOTHER 14. Maiden name: Bridget Cotter

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

16. (a) Informant: Michael Callaghan

(b) Address: 3945 Roanoke, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. St. Marys

18. (a) Signature of funeral director: J. F. O'Donnell Co.

(b) Address: 3256 Broadway, K. C. Mo.

19. (a) 2/12/41 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1941 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 1940 to Feb 16 1941; that I last saw her alive on 2-16 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: M B Casebolt (M. D. or other)

Address: 935 Argyle Bldg K C Mo. Date signed 2-18-41

(Licensed Embalmer's Statement on Reverse Side)

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.....Park G. Rowe.....

Licensed Embalmer No.....2347.....

P. O. Address.....K. C. Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.