

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:
Menorah Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 49 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL.")
(d) Street No. 3441 Jefferson 8
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Raftery Eliot

3. (b) If veteran, name war No 3. (c) Social Security No. 527-09-9501

4. Sex Female 5. Color or race White 6. (a) Single-widowed, married, divorced Divorced
6. (b) Name of husband or wife George F. Eliot 6. (c) Age of husband or wife if alive 50 Yrs.
7. Birth date of deceased January 6, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 4 9 hr. min.

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

10. Usual occupation Employee - Fred Harvey

11. Industry or business _____

MOTHER FATHER { 12. Name James J. Raftery
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Johanna J. Ryan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant James J. Raftery
(b) Address 3441 Jefferson

17. (a) Burial (b) Date thereof 5/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Zwirck & Tobin Co.
(b) Address B. C. Ho

19. (a) May 16, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1941 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from Feb 1941
to May 15 1941
that I last saw h. er alive on May 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis 5 Mo
Due to Carcinoma of breast
Due to _____

Other conditions SD
(Include pregnancy within 3 months of death)

Major findings: Ca. of breast 3 yrs ago.
Of operations None
Of autopsy liver & lungs

Duration

5 Mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all 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) (e) Means of injury _____

23. Signature J. H. Schlarbes (M. D. checked)
Address 1406 Bryant Bldg Date signed 5/16/41

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

19
8

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..... *Harold Renny*
Licensed Embalmer No. *4097*
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, fact should be so stated above.