

DEPARTMENT OF COMMERCE **FILLED JUN 10 1949** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

17335

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1997

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: 1207 Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 79 years
(Specify whether years, months or days)

In this community 79 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 1/8

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1207 Jefferson 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Annie Casey

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Patrick Casey 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 16, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>4</u>	<u>5</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER { 12. Name Maurice Barry

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

14. Maiden name Catherine McMahon

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

16. (a) Informant Miss Catherine Casey

(b) Address 1207 Jefferson

17. (a) Burial (b) Date thereof 5/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Jurk - Tolin Co.

(b) Address Kansas City, Mo.

19. (a) May 21, 1941 (b) M. M. Corow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1938 to May 21 1941
that I last saw her alive on May 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Arteriosclerosis

Due to 92H

Other conditions 92H
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations None

Of autopsy None

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) _____

(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)

(r) Means of injury _____

23. Signature E. W. Shurber (M. D. or other) O

Address 900 Prialto Bldg Date signed 5-21-41

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

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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 Remy*.....

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.