

FILED AUG 1 1941

Registration District No. 399 Primary Registration District No. Registrar's No. 2850

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 3370 Benson
(d) Length of stay: In hospital or institution 75 years
In this community 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3370 Benson
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME SARAH DEVINE

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

4. Sex white 5. Color of hair white 6. (a) Single, widowed, married, divorced, or widower

7. Birth date of deceased Aug 17 - 1846

8. AGE: Years 94 Months 11 Days 16

9. Birthplace Ireland

10. Usual occupation at home

11. Industry or business Patrick Kennedy

12. Name Patrick Kennedy

13. Birthplace Ireland

14. Maiden name Ellen Hanson

15. Birthplace Ireland

16. (a) Informant Miss Sarah Devine
(b) Address 3370 Benson

17. (a) Burial or cremation Burial
(b) Date of death July 30 1941

18. (a) Signature of funeral director M. M. Stone
(b) Address 3756 Broadway

19. (a) Date received local registrar 7-29-41
(b) Registrar's signature M. M. Stone

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1941 hour 10 minute AM

21. I hereby certify that I attended the deceased from July 1 - 41 that I last saw her alive on July 26 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to Chronic Myocarditis several years

Due to Hypertension 93A 57mm

Other conditions (include pregnancy within 3 months of death) 93A

Major findings: Of operations: Of autopsy: PHYSICIAN

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? (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 Owen Kennedy M.D. (M. D. or other) Address 220 Angelle Alley Date signed

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

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..... *H. C. Me.*.....

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.