

Registration District No. **577**

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:
4700 East 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **38 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARY MILEY**

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

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

6. (b) Name of husband or wife **Edward Miley** 6. (c) Age of husband or wife if alive **1868** years

7. Birth date of deceased **May 12** (Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **24** If less than one day hr. min

9. Birthplace **County Mayo Ireland** (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Jack Holmes**

12. Name **Jack Holmes** **Ireland** (City, town, or county) (State or foreign country)

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

14. Maiden name **Ellen Hope**

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

16. (a) Informant **Mrs Pat Kelly**

(b) Address **427 Cypress**

Burial (c) Date thereof **10-9-41** (Month) (Day) (Year)

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

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

(b) Address **3256 Broadway K.C. Mo.**

19. (a) **10/8/41** (Date received local registrar)

(b) **M. M. Crowe** (Registrar's signature)

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. **4700 East 6th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **6**
year **1941** hour **am** minute _____ M.

21. I hereby certify that I attended the deceased from **1938**
_____, 19____, to **Oct. 6 -** 19____.

that I last saw her alive on **Oct. 6** 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Psychitis Duration **3 yrs.**

Due to _____

Due to _____

Other conditions **Arteriosclerosis**
(Include pregnancy within 8 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy **1530**

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)

(e) Means of injury _____

23. Signature **Harry B. Cohen** (M. D. or other) **DMH**

Address **318 Apple Bldg** Date signed **10-7-41**

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

