

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

4474

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
515 PROSPECT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 90 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

MARY E. CLEARY

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 Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 30 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant CHAS CLEARY
(b) Address 515 PROSPECT

17. (a) BURIAL (b) Date thereof DEC. 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ELMWOOD

18. (a) Signature of funeral director PASSANTINO BROS.
(b) Address 156 N. MO.
19. (a) 12/3/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON
(c) City or town KANSAS CITY 048
(If outside city or town limits, write "RURAL") 3
(d) Street No. 515 PROSPECT 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 3
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ to _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrothorax
Acute pulmonary edema & congestion
Adhens pericarditis
Duration 110 B.

Major findings:
Of operations _____
Of autopsy _____
Other conditions (Include pregnancy within 3 months of death) _____

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) _____
(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) (Cause of injury)
23. Signature Walter H. Miller (M. D. or other) 3
Address K. C. Mo. Date signed _____

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

20799

1925 7 02

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 Parke G. Rowe

Licensed Embalmer No. 2347

P. O. Address L. C. 720

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.