

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5621

State File No. _____

FILED MAR 16 1942

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 854

1. PLACE OF DEATH: Jackson
 (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:
915 West 26th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 66 years
 years, months or days)

3. (a) PRINT FULL NAME MRS. BRIDGET SHEA

3. (b) If veteran, name war _____
 3. (c) Social Security No. none

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife William Shea
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 31 1864
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	8	27	hr. _____ min.

9. Birthplace Annistymon-Co Clare Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name James Gallagher

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

14. Maiden name Mary Barry
(City, town, or county) (State or foreign country)

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

16. (a) Informant Philip Mc Amoney

(b) Address 915 West 26th St

17. (a) Burial (b) Date thereof Mar 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Durk. P. Robin Co
(b) Address 20 West Linwood

19. (a) 3/2/42 (b) Ch. M. Crowe
(Date received local registrar) (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. 915 West 26th
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 66 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day Feb
year 1942 hour 7:03 minute P M.

21. I hereby certify that I attended the deceased from July
1942 to Feb 28 1942
that I last saw her alive on Feb 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Transition
 Due to Secondary Anemia
 Due to Chronic Myocarditis
Chronic Arteriosclerosis
 Other conditions (Include pregnancy within 3 months of death) 131B

Major findings: Of operations _____
 Of autopsy no
 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) (e) Means of injury _____

23. Signature Leo G. O'Brien (M. D. or other) M.D.
Address 814 Porter Bldg K.C. Mo. Date signed 3-2-42

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

MOTHER FATHER

361

(Licensed Embalmer's Statement on Reverse Side)

308 11 2023

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

John J. Conroy

Registered Apprentice No. *307*

working under my personal supervision.

Signed *Harold Perry*
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.