

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Years  
(Specify whether  
In this community About 18 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Joseph's Orphan Home  
31st. and (If rural, give location) Jefferson  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Sister Patricia (Corbett)

20. DATE OF DEATH: Month November day 24th.  
year 1942 hour 12.55 minute 2 M.

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

21. I hereby certify that I attended the deceased from Jan 15 1929 to Nov 24 1942  
that I last saw him alive on Nov 23 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 9 Religious 9

Immediate cause of death Ovarian cyst. Duration

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1853 years

7. Birth date of deceased Not Known (Month) (Day) (Year)

Due to 560

8. AGE: Years 89 Months Days If less than one day hr. min.

Due to

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

Other conditions Senility (Include pregnancy within 3 months of death)  
E. E. Evans M. D.

10. Usual occupation Religious

Major findings: Of operations

11. Industry or business

Of autopsy none Underline the cause to which death should be charged statistically.

12. Name Not Known

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

14. Maiden name Not Known

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mother Sylvania

(a) Accident, suicide, or homicide (specify)

(b) Address St. Joseph's Orphan Home

(b) Date of occurrence

17. (a) Burial (b) Date thereof 11-25-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? (City or town) (County) (State)

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director J. F. O'Connell

While at work? (Specify type of place) (e) Means of injury

(b) Address 3256 Broadway

23. Signature E. E. Evans (M. D. or other)

19. (a) 11/24/42 (b) M. M. Crow (Date received local registrar) (Registrar's signature)

Address 911 Woodburn Bldg Date signed 11/24-42

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

MOTHER FATHER

Dr. E. J. Evans  
Waldheim Bldg.

---

---

**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

*Paul G. Rowe*

Licensed Embalmer No.

*2347*

P. O. Address

*H. E. No.*

**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.**