

FILED NOV 19 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4068

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

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: 3200 Norledge KC Convales Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Oct 8-42-11-1-42
In this community 20 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Madigan Sarah

3. (b) If veteran, name war. No

3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. 2 Wid
6. (b) Name of husband or wife John Madigan 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased Nov. 23 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name James J Torrance
13. Birthplace Canada 2
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Leiter
15. Birthplace Canada 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs L.A. Vampbell
(b) Address 1212 Linwood

17. (a) Burial (b) Date thereof Nov 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn

19. (a) 11-3-42 (b) M.M. Brown
(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. 731 Spruce
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1942 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from 10-8-42 to 11-1-42;
that I last saw h. alive on 10-31-42 19...;
and that death occurred on the date and hour stated above.
Immediate cause of death.

Due to Chronic Myocarditis
Due to 935
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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 M. M. Brown (M. D. or other)
Address 3200 Norledge Date 11-2-42

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 *Denzil C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *K. C. Mo*

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.