

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4179**

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. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **53 days**
(Specify whether years, months or days)
 In this community **47 years**

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. **5106 St. John**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **REV. THOMAS PRENDERGAST**

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **11** day **6**
 year **1942** hour **3** minute **all** M.

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

21. I hereby certify that I attended the deceased from **8** **1-42**
 19 **11-6** 19**42**

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

that I last saw him alive on **11-5** 19**42**
 and that death occurred on the date and hour stated above.

7. Birth date of deceased **July 16, 1874**
(Month) (Day) (Year)

Immediate cause of death **Cancer of Liver** Duration _____

8. AGE:	Years	Months	Days	If less than one day
	68	3	20	hr. _____ min. _____

Due to _____ **46**

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

Due to _____

10. Usual occupation **Priest**

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business **Pastor-Holy Cross Church**

Major findings: _____
 Of operations _____

12. Name **James Prendergast**

Of autopsy **yes**

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

Underline the cause to which death should be charged statistically.

14. Maiden name **Mary Burke**

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

16. (a) Informant **Miss May Prendergast**

(b) Address **Los Angeles, Calif**

17. (a) **Burial** (b) Date thereof **11-9-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Quirk and Quinn**

(b) Address **20 W. Linwood**

19. (a) **11-9-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **J. J. Bennett** (M. D. or other) _____
 Address **city** Date signed **11-5-42**

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

MOTHER FATHER

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..... *Charles M. Quirk*

Licensed Embalmer No..... *3774*

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.