

FILED JUN 24 1943

Registration District No. 749

Primary Registration District No. 1002

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: St. Joseph Hospital, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since Feb. 11, 1943
(Specify whether _____)
In this community 16 years
years, months or days

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. 2905 E. Linwood Boulevard
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Willena G. Moriarty

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

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

6. (b) Name of husband or wife John Moriarty
6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased February 19 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 10 ..hr. min.

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

MOTHER FATHER
10. Usual occupation at home
11. Industry or business X
12. Name Donald Mac Karacher
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Martha Lusk
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant John Moriarty
(b) Address 2905 E. Linwood, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-43
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-1-43 (Date received local registrar)
(b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1943 hour 6:25 minute A. M.

21. I hereby certify that I attended the deceased from 2/11 to 5/29 1943
that I last saw her alive on 5/29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous
Under terminal
origin
Due to _____
Due to SSK

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — none
Of autopsy — none

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 W. J. Grand (M. D. or other) Date signed 6/1/43
Address 1103 Grand

Duration Since latter part of 1942
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Berry Wilson Varden

Prof. 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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

.....
Licensed Embalmer No. *1415*

P. O. Address.....
K. C. W.

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.