

U.S. No. 2
FORM-2-43
Rev. 5-17-39
I X35897

27390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED SEP 7 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3727

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kaw
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. HELEN McDERMOTT

3. (b) If veteran, name war No

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 Edward McDermott

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

7. Birth date of deceased Oct 19 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	10	9	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Coughlin

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

14. Maiden name Nora Murphy

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edward McDermott

(b) Address 3015 Mc Gee

17. (a) Burial (b) Date thereof 8/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Zurk + Toben Co

(b) Address 20 West Linwood

19. (a) 8-28-43 (b) P. E. 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. 3019 McGee
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 28
year 1943 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from AUG 4, 1943 to AUG 20, 1943
that I last saw her alive on AUG 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA of LIVER Duration Mos.?

Due to _____

Due to _____

Other conditions 466
(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)

23. Signature Jesse A. Chivingo MD
Address 1103 Grand Ave. Date signed 8-29-43

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.....
Licensed Embalmer No.....
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.