S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8900

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1014

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: 4227 Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 63 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 4227 Terrace 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Marie Barry
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 Married
6. (b) Name of husband or wife John J. Barry
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Feb. (Month) 1 (Day) 1876 (Year)

8. AGE: Years 71 Months 1 Days ~~3~~ 4 If less than one day hr. min.

9. Birthplace St. Helens (City, town, or county) England 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Hugh J. Doherty
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Mary A. O'Connell
15. Birthplace St. Helens (City, town, or county) England 4 (State or foreign country)
16. (a) Informant Hugh Barry
(b) Address 4227 Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Quirk and Cobin
(b) Address 20 W. Linwood
19. (a) 3-6-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 5 day
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from One year
[redacted] 19
that I last saw her alive on Mar 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno Carcinoma of R. Ovary

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 49a

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature John O. Slisser M.D. (M. D. or other)
Address 1402 Bryant Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Maude Adair

Licensed Embalmer No. 4016

P. O. Address Kansas City 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.