

FILED MAY 5 1947
149

Registration District No. 149 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:
4024 Campbell St., K.C. Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Katherine C. FARLEY

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 Thomas A Farley

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

7. Birth date of deceased November 19, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>6</u>	hr. min.

9. Birthplace Leavenworth Kan. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Michael P. Cushing 4

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

14. Maiden name Katherine Murray 4

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

16. (a) Informant Thomas A. Farley

(b) Address 4026 Campbell, K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-28-47
(Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kan.

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Mo.

19. (a) 4-26-47 (Date received local registrar) (b) Steraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4024 Campbell 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1947 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from 20 Apr '47 to 25 Apr '47 that I last saw her alive on 25 Apr and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, chronic 4 yrs.

Due to general debility

Due to _____

Other conditions 93 d
(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? 8 (Specify type of place) (e) Means of injury

Signature W. W. Gier (M. D. or other)

Address R. C. Gier Date signed 26/4/47

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.....

[Handwritten Signature]
.....
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.