

No. 2
I-5-43
5-17-39
I X36871

FILED OCT 25 1947

Registration District No. 149 Primary Registration District No. 1003

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:
1822 MONTGALL AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **60 YEARS** (Specify whether years, months or days)

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. **1822 MONTGALL AVENUE** 8
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME **MOLLY TREHEY**

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 **SINGLE**

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

7. Birth date of deceased **JANUARY 19 1882**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **13**
year **1947** hour **2** minute **25** A.M.

21. I hereby certify that I attended the deceased from **October 12th** 1947, to **Oct 13** 1947
that I last saw her alive on **Oct. 12** 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 8 24 hr. min.

Immediate cause of death **Pharyngeal Cancer**
Solter

Due to **unknown**

Due to.....

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

10. Usual occupation **AT HOME**

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

11. Industry or business.....

12. Name **DANIEL TREHEY**

13. Birthplace **TIPPERARY IRELAND** 7
(City, town, or county) (State or foreign country)

14. Maiden name **JULIA DWYER**

15. Birthplace **TIPPERARY IRELAND** 4
(City, town, or county) (State or foreign country)

Major findings: **638**

Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant **MRS. T. HENRY TORPEY**

(b) Address **1810 MONTGALL AVENUE**

17. (a) **BURIAL** (b) Date thereof **10-16-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. ST. MARY'S CEMETERY**

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.....

18. (a) Signature of funeral director **J. F. Donnelly**

(b) Address **3256 ORCHARD ST**

19. (a) **10-15-47** (b) **Alfredine Holmes**
(Date received by registrar) (Registrar's signature)

23. Signature **Harold A. Peltz** (M.D. or other) 205

Address **1132 Prof. Bldg. Kansas** Date signed **10/15/47**

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

MOTHER FATHER

HAROLD A. PALLET
PROFESSIONAL JLDG.

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.....

Paul S. Rowe

Licensed Embalmer No. 2347

P. O. Address.....

W. 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.