

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24342  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. St. Mary's Hosp. Registered No. 2847  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John J. Meehan

(a) Residence, No. 3905 Brooklyn St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1906  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
31 10 26  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk  
 9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pac R. R.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo  
 FATHER 13. NAME Thos. J. Meehan 5  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Ireland 1  
 MOTHER 15. MAIDEN NAME Margaret Clark  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 17. INFORMANT Thos. J. Meehan  
 (ADDRESS) 3905 Brooklyn, K. C. Mo.  
 18. BURIAL, CREMATION, OR REMOVAL Burial  
 PLACE Calvary DATE 7/15/38  
 19. FUNERAL DIRECTOR (NAME) W. F. Mayberry  
 (ADDRESS) 2315 Linwood Blvd, K. C. Mo.  
 20. FILED 7-14-38 M. M. Crowe, esq.  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13/38 1938  
 22. I HEREBY CERTIFY, That I attended deceased from June 13 1938, to July 12 1938  
 last saw him alive on July 12 1938. Death is said to have occurred on the date stated above, at 11:32 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Myocardial Infarction about 5 weeks ago  
 Other contributory causes of importance:  
 Name of operation none Date of       
 What test confirmed diagnosis Laboratory & Autopsy Was there an autopsy? yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?      Date of injury     , 19      
 Where did injury occur?      (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury       
 Nature of injury       
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify       
 (Signed) J. E. Castle, M. D.  
 (Address) 11002 Ogden Bldg  
KB Mo

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

723076530

Wm. J. Blaney  
D.L. 9581

**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, above space should be left blank.**