

NOV 21 1938

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

34891  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100  
 (c) City Kansas City Mo/ (d) Street No. St. Marys Hospital Registered No. 4227  
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Patrick M. McMAHON.

(a) Residence, No. 4109 Michigan Ave. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anne McMahon.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Kansas City  
 9. Industry or business in which work was done, as saw mill, bank, etc. Water Dept.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 5

FATHER 13. NAME Unknown 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Miss FRANCIS M. MAHON  
4109 MICHIGAN AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 10/31/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody-McGilley.  
K. C. Mo.

20. FILED Oct 29 1938 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Oct 27, 1938  
 I last saw him alive on Oct 27, 1938 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Start

Other contributory causes of importance: Senility & Arteriosclerosis

Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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 J. H. Owens, M. D.  
 (Signed) J. H. Owens  
 (Address) Kansas City Mo

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.

---

---

**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.**