

REC'D JAN 13 1939

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

41878  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 399  
(b) Township Law Primary Registration District No. 1007  
(c) City Kansas City (d) Street No. St Marys Hospital Registered No. 4944  
(e) Length of residence in city or town where death occurred 165 yrs. 10 mos. 0 ds. (If death occurred in Hospital or Institution, write its name instead of street and number) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ellen O'Brien  
(a) Residence, No. Virginia Hotel 1024 Washington (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF John E. O'Brien (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
7. AGE YEARS 69 MONTHS DAYS If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Ireland  
13. NAME John Murphy  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
15. MAIDEN NAME Margaret McElrathy  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
17. INFORMANT (ADDRESS) Miss Sullivan 313 Summit  
18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cemetery DATE 12/19/38  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. McDonnell 315 Broadway  
20. FILED Dec 20 1938 M. M. Gagne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 19, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1938, to Dec 19th, 1938  
I last saw her alive on Dec 19th, 1938. Death is said to have occurred on the date stated above, at am.  
The principal cause of death and related causes of importance were as follows:  
Chronic Parenchymatous nephritis Date of onset ?  
121  
Other contributory causes of importance:  
Myocarditis  
bronchial asthma  
Name of operation Autopsy Date of ?  
What test confirmed diagnosis? Autopsy Was there an autopsy?  
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?  
If so, specify ?  
(Signed) W. A. Quess M. D.  
(Address) 1034 Grand Blvd

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.

W. H. H. Owens  
Rialto Bldg  
Lic 2813

**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.**