

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

**35037**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County JACKSON Registration District No. 399  
 (b) Township RAW Primary Registration District No. 1002 Registered No. 4012  
 (c) City KANSAS CITY (d) Street No. 722 - EAST - 71<sup>ST</sup> STREET TERRACE  
 (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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 1052 MRS. MARY THERESA FRANCIS  
722 - EAST - 71<sup>ST</sup> STREET TERR. (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) WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF PATRICK W. FRANCIS  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV - 16 - 1856  
 7. AGE YEARS 82 MONTHS 11 DAYS 3 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 2  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. CATHERINES CANADA  
 13. NAME MICHAEL M. NAMARA  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND  
 15. MAIDEN NAME MARGARET SULLIVAN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND  
 17. INFORMANT MRS. W. J. HAYEY  
 (ADDRESS) 722 - EAST - 71<sup>ST</sup> STREET TERR.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE WOOD RIVER, NEBR. DATE 10-19-39  
 19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS  
 (ADDRESS) KANSAS CITY, MISSOURI  
 20. FILED 10/19/39 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT - 19, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 10/3, 1939, to 10/12, 1939  
 I last saw her alive on 10/12, 1939 Death is said to have occurred on the date stated above, at 5:15 A. M.  
 The principal cause of death and related causes of importance were as follows:  
arteriosclerotic heart disease Date of onset 95 to 2  
 Other contributory causes of importance:  
Pulmonary edema  
 Name of operation None Date of .....  
 What test confirmed diagnosis? None 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 .....  
 (Signed) M. M. Brown M. D.  
 (Address) Logan Bldg 15. S. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM-1-12-38 I 21023

Original 1949  
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**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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. 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, above space should be left blank.**