

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24356  
2966  
State File No.  
Registrar's No.

399  
Registration District No. Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Kelly Hotel 9th & Main Street  
(d) Length of stay: In hospital or institution 37 years  
In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. Kelly Hotel, 9th & Main St.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Ethel Lucy Mc Namara  
(b) If veteran, name war \*\*\*\*\*  
(c) Social Security No. 495-09-0304

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Thos. Mc Namara  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased Dec. 16 1895

8. AGE: Years 44 Months 7 Days 6  
If less than one day hr. min.

9. Birthplace Missouri

10. Usual occupation Saleslady

11. Industry or business Peck's Dry Goods Co.

12. Name Thomas A. Storie  
18. Birthplace South Carolina  
14. Maiden name Sally Lane  
15. Birthplace Missouri

16. (a) Informant Mrs. John Carroll  
(b) Address 201 Wathrope Road  
17. (a) Burial (b) Date thereof 7 25 40  
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Weilart Funeral Home  
(b) Address 2332 Monitor Place  
19. (a) July 25, 1940 (b) M. M. Croese  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 7 day 22 year 40  
hour minute

21. I hereby certify that I attended the deceased from 8:15 P to 19 that I last saw the deceased on 19 and that death occurred on the date and hour stated above.  
Immediate cause of death

Acute pulmonary congestion & edema  
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where and how injured (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) (Specify nature of injury) 5  
23. Signature W. M. Croese (M. D. or other)  
Address 15 E. 1st Date signed

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

m.c.

**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

*Blaine E. W. [unclear]*

Licensed Embalmer No.

*100-4078*

P. O. Address

*2332 Montrose Rd*

**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.**