

FILED AUG 14 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24409  
State File No. 3019  
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City, Mo.  
(c) Name of hospital or institution: 1653 Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 54 Years  
In this community 54 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit, write "RURAL")  
(d) Street No. 1653 Jefferson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Lifetime years.

3. (a) PRINT FULL NAME Mrs. Mary McGinley 254  
3. (b) If veteran, name war No.  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 26  
year 1940 hour 7:10 minute a M.

4. Sex Female  
5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Michael McGinley  
6. (c) Age of husband or wife if alive 8 years  
7. Birth date of deceased 4 8 1856  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1935 to July 28, 1940  
that I last saw him alive on July 26, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 3 Days 20  
If less than one day hr. min.

Immediate cause of death Oedema of coronary arteries  
Due to arteriosclerosis  
Due to chronic interstitial nephritis  
Other conditions 131  
(Include pregnancy within 3 months of death)

9. Birthplace New York New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business  
12. Name Patrick Cunningham 9  
13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

Major findings: None  
Of operations  
Of autopsy None  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Leo McGinley  
(b) Address 4246 Troost

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 7 30 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery  
18. (a) Signature of funeral director Mellorby & McGilly Funeral Home  
(b) Address 3133 Euclid  
19. (a) July 29 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
23. Signature J. H. Sheldon (M. D. or other)  
Address 922 Ashland St. Date signed 29-40

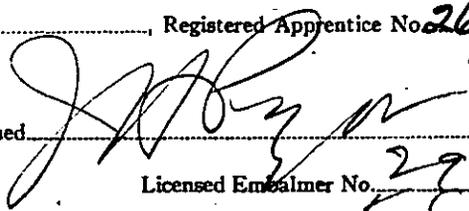
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. 267

Signed 

Licensed Embalmer No. 2999

P. O. Address KC 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.**