DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37680

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4278

DEC 14 1940

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3608 Agnes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: 1 week
years, months or days)

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

3. (a) PRINT FULL NAME: MARY McGREEVY

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Daniel McGreevy

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: February 18, 1860 (Month) (Day) (Year)

8. AGE: Years 80 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace: Atchison, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Barney Lee
13. Birthplace: Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unk Boyle
15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Stephen D. McGreevy
(b) Address: 3608 Agnes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Atchison, Kansas

18. (a) Signature of funeral director: Zwick & Tobin Co.
(b) Address: K. C. Mo

19. (a) 11-10-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1940 hour 3:30 minute PM.

21. I hereby certify that I attended the deceased from Nov. 5 1940, 19..., to Nov. 8 1940; that I last saw her alive on Nov 8, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: None

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 did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Lyman Richardson (M. D. ~~coroner~~)
Address: 1004 Rialto Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....Harold Perry.....

Licensed Embalmer No. 4097

P. O. Address.....K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.