S. No. 2
—11-10-39
. 5-17-39
I X21492

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

FEB JAN 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41252

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4645

1. PLACE OF DEATH:
(a) County: Jackson 2
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 4123 Independence Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4123 Independence Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME: ELIZABETH M. McTERNAN
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: Michael M. McTernan
6. (c) Age of husband or wife if living: (21) years
7. Birth date of deceased: Dec. (Month) 27 (Day) - 1863 (Year)

8. AGE: Years 76 | Months 11 | Days 7 | If less than one day _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) Canada 2 (State or foreign country)
10. Usual occupation: Housewife 2
11. Industry or business: 2
FATHER
12. Name: Patrick Halpin 2
13. Birthplace: _____ (City, town, or county) Canada (State or foreign country)
MOTHER
14. Maiden name: Margaret Corrigan
15. Birthplace: _____ (City, town, or county) Canada (State or foreign country)
16. (a) Informant: Miss Rose McTernan
(b) Address: 4123 Indep. Ave, K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-7-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's
18. (a) Signature of funeral director: J. F. O'Donnell Co.
(b) Address: 3256 Broadway K. C. Mo.
19. (a) 12-6-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1940 hour _____ minute 8:15 P. M.
21. I hereby certify that I attended the deceased from 11/25 1940 to 12/4 1940 that I last saw her alive on 12/4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	8 days
Due to: 93C	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis	

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 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: D. R. Russell (M. D. or other)
Address: 322 E-11 Date signed: 12/6/40

(Licensed Embalmer's Statement on Reverse Side)

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 Park G. Rowe

Licensed Embalmer No. 7347

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.