

No. 2
-13-40
-17-39
X23159

REG. MAR 14 1941
Registration District No. 399

Primary Registration District No. 1002

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

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: 3918 Charlotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Since 1876
years, months or days)

3. (a) PRINT FULL NAME Mrs. Margaret McGinley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female race White

5. Color or White

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

6. (b) Name of husband or wife Charles McGinley

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

7. Birth date of deceased June 20 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 7 21 _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Cunningham

13. Birthplace Galway County, Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Cecilia Hardiman

15. Birthplace Galway County, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Charles T McGinley

(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 2-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's

18. (a) Signature of funeral director J W Wagner

(b) Address Kansas City Mo.

19. (a) 2/11/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 418

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3918 Charlotte
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th
year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1940, to Feb 10, 1941,
that I last saw her alive on Feb 11, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction 1 yr Duration

Due to arteriosclerosis

Due to senescence

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury D

23. Signature John T. Shennard, D.M.D.
Address 1402 Bryant Date signed 2-11-41

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

A. R. Hauscheld

Licensed Embalmer No.

4159

P. O. Address

R. 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, fact should be so stated above.