

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10885

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 3886
 (b) Township Jackson Primary Registration District No. 3019
 (c) City Independence (d) Street No. Independence Registered No. 82
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary M^e Mahon
 (a) Residence, No. 424 East Short St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 4, 1861</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>3</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House work</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

13. NAME
John M^e Mahon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

15. MAIDEN NAME
M^e Carry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

17. INFORMANT (ADDRESS)
William M^e Mahon
424 East Short

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Hil Con DATE 3/24/41

19. FUNERAL DIRECTOR (ADDRESS)
George C. Cason
Independence Mo

20. FILED March 23, 1941 T. L. Cook M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21 1941

22. I HEREBY CERTIFY, That I attended deceased from July 19 to March 21, 1941

I last saw him alive on Mar 20, 1941. Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis of left coronary artery
Chronic myocarditis Aug 1920
arterial hypertension years

Other contributory causes of importance: HTA

Name of operation none Date of none

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury stroke

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) George C. Cason M. D.

(Address) Independence Mo

STATEMENT BY LICENSED EMBALMER

I, *R. M. Stein*

Licensed Embalmer No. *3156*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Ralph Miller

L. E.

No. *4124*

or by

Registered Apprentice No.

working under my personal supervision.

Signed

R. M. Stein

Licensed Embalmer No. *3156*

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.)