

Registration District No. 400

Primary Registration District No. 555310

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Lee's Summit Mo  
(c) Name of hospital or institution:  
2 1/2 mi East on old Indip Rd. 1  
(d) Length of stay: In hospital or institution 36 yrs  
In this community 36 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Lee's Summit Mo  
(d) Street No. RR 3  
(e) If foreign born, how long in U. S. A? 0 years.

8. (a) PRINT FULL NAME Mary Ellen Mc Namara  
3. (b) If veteran,  name war \_\_\_\_\_ 3. (c) Social Security No. 4

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W-2  
6. (b) Name of husband or wife Wm & Mc Namara 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 13- 1871

8. AGE: Years 69 Months 6 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New York City NY

10. Usual occupation own home

11. Industry or business \_\_\_\_\_

12. Name unknown  
13. Birthplace unknown  
14. Maiden name unknown  
15. Birthplace unknown England

16. (a) Informant William Mc Namara

(b) Address Lee's Summit Mo

17. (a) Burial (b) Date thereof 3-3-41

(c) Place: burial or cremation Lee's Summit Mo

18. (a) Signature of funeral director W. B. Langford

(b) Address Lee's Summit Mo

19. (a) 3-2-41 (b) Sara L. Carson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1941 hour 2:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 10-27, 1940 to 3-1-, 1941;  
that I last saw her alive on 3-1-41, 1941;  
and that death occurred on [the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to Hypertension and Arteriosclerosis 10 years

Due to \_\_\_\_\_  
Other conditions gzw  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Clint L. Miller (M. D. seal) \_\_\_\_\_  
Address Lee's Summit Mo Date signed 3/2/41

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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Licensed Embalmer No. *5833*

P. O. Address *11111*

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

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