

No. 2  
4-13-40  
-17-39  
X23159

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17097  
1759  
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson  
(a) County. Kansas City  
(b) City or town. Kansas City  
(c) Name of hospital or institution: Little Sisters of the Poor  
(d) Length of stay: In hospital or institution. 1 year 5 months  
In this community. 1 year 5 months

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. Jackson 4/8  
(c) City or town. Kansas City 5  
(d) Street No. 5331 Highland 8  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME. Margaret Thompson  
(b) If veteran, No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 30  
year 1941 hour minute P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed  
7. Birth date of deceased. June 9, 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 7 1941 to May 2 1941  
that I last saw him alive on May 2 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 10 Days 24  
If less than one day hr. min.

Immediate cause of death: Subaral Malacia  
Due to Colera & Cholera  
Due to Typhoid  
Other conditions: 9/30  
Major findings of operations: 9/30  
Of autopsy: 9/30

9. Birthplace. Leavenworth, Kansas  
(City, town, or county) (State or foreign country)  
10. Usual occupation. At Home

11. Industry or business.  
12. Name Michael McInerney  
13. Birthplace Ireland  
14. Maiden name Catherine Mann  
15. Birthplace Ireland

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant. Mrs. Michael Prybylowsky  
(b) Address. 4232 N. 1st  
17. (a) Burial (b) Date thereof 5/5/41  
(c) Place: burial or cremation Leavenworth, Ks.

23. Signature: Dr. John O. ... (M. D. or other) DMD  
Address: 140 2/3 Bryant Bldg Date signed 5/3/41

18. (a) Signature of funeral director. ...  
(b) Address. ...  
19. (a) Date received local registrar. May 4 1941 (b) Registrar's signature. M. M. Brown

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

MOTHER FATHER

**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 *20 W. Linwood*.....

**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.**