

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17267
Registrar's No. 1929

Registration District No. 399 Primary Registration District No. 1002

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years
In this community 70 years
(Specify whether years, months or days)

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. 48 East 32nd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John E. McNamara
3. (b) If veteran, name war ---
3. (c) Social Security No. 496-03-2681

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 May day 14 year 1941 hour 4:46 minute P M.
21. I hereby certify that I attended the deceased from December 27, 1940 to 9 May 1941.
that I last saw him alive on 9 May 1941 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary E. McNamara 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased November 20, 1870
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 4 days
Due to ...
Due to Emboli of Renal 8 months
Other conditions Ascites
(Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 5 Days 24 If less than one day hr. min.

Major findings: Of operations _____
Of autopsy Enlarged Spleen
Enlarged Kidney
Underline the cause to which death should be charged statistically.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Credit Manager

11. Industry or business Wheeling Corrugating Co.

12. Name Thomas McNamara

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

14. Maiden name Bridget O'Brien

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

16. (a) Informant John E. McNamara, Jr.

(b) Address 48 East 32

17. (a) Burial (b) Date thereof 5/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Quirk & Tobin Co
(b) Address Kansas City, Mo

19. (a) May 16, 1941 (b) M.M. Crowe
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Richard M. ... (M. D. or other) _____
Address 1901 S. H. Blvd. K. C. Mo Date signed 5/16/41

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. 4087
P. O. Address.....

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.