

S. No. 2  
4-13-40  
5-17-39  
W-I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41034  
Registrar's No. 4713

Registration District No. 1002  
FILED JAN 24 1941 397

Primary Registration District No. 1002

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

4838

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: 2947 Baltimore  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 25 Years /  
years, months or days

3. (a) PRINT FULL NAME: Frank P. Meehan

3. (b) If veteran, None name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Ethel Meehan

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 7, 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 10 If less than one day  
hr. min.

9. Birthplace Des Moines, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Locksmith

MOTHER FATHER

12. Name Frank Meehan

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Sophia McGloin

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Meehan

(b) Address 2947 Baltimore

17. (a) Cremation (b) Date thereof 12-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director John W. Wagner  
Kansas City, Missouri

(b) Address \_\_\_\_\_

19. (a) Jan 18, 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 2947 Baltimore  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th  
year 1941 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Encephalomalacia

Due to Cerebral Arteriosclerosis

Due to Hypertensive Myocarditis

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

Major findings: (f3c)

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (Country) (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 3

23. Signature Dr. J. W. Wagner (M. D. or other) 3  
Address Kansas City Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**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. Hauschild*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City 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.**