

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

1. PLACE OF DEATH

(a) County Cass
(b) City or town Bellton - Rural - McPleasant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 6 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass ^{Dist. 19}
(c) City or town Bellton Mo "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) D
(e) If foreign born, how long in U. S. A. 74 years.

3. (a) PRINT FULL NAME JAMES McMAHON

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie McMahon 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 14 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 2 hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John McMahon

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

14. Maiden name Mary

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

16. (a) Informant James McMahon Jr.

(b) Address Bellton Mo.

17. (a) Burial (b) Date thereof Jan 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill, Kansas City, Mo.

18. (a) Signature of funeral director L. H. Geary & Sons

(b) Address Bellton Mo.

19. (a) Jan. 16, 1942 (b) Margaret Talle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1942 hour 4 minute 20 A.

21. I hereby certify that I attended the deceased from Jan 10, 1939, to Jan 16, 1942,
that I last saw him alive on Jan 16, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 3 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932 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 R. M. Miller (M. D. or other) D
Address Bellton Mo. Date signed 1-16-42

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. H. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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, above space should be left blank.