

Registration District No. **1002**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:** Jackson  
(a) County  
(b) City or town **Kansas City**  
(c) Name of hospital or institution **310 S. Indiana /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **54 years**  
In this community **54 years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **310 S. Indiana**  
(e) Citizen of foreign country? **No**  
If yes, name country

**3. (a) PRINT FULL NAME** Mrs. Margaret Jane Reilly

**3. (b) If veteran, name war** **XX** **3. (c) Social Security No.** **None**

**4. Sex** **Fe** **5. Color or race** **Wh** **6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Wm. M. Reilly** **6. (c) Age of husband or wife if alive** **73** years

**7. Birth date of deceased** **March 16 1867**  
(Month) (Day) (Year)

**8. AGE:** Years **74** Months **11** Days **4**  
If less than one day  
hr. min.

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

**10. Usual occupation** **At Home**

**11. Industry or business**

**12. Name** **Lakin Baker**  
**13. Birthplace** **Ky**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Margaret Jane Graham**  
**15. Birthplace** **Ky**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Wm. M. Reilly**  
(b) Address **310 S. Indiana**

**17. (a) Burial** (b) Date thereof **2-22-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

**18. (a) Signature of funeral director** **J.W. Wagner**  
(b) Address **Kansas City, Mo.**

**19. (a) 2/23/42** (b) **M.M. Crowl**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Feb.** day **20th**  
year **1942** hour **6** minute **45 P.M.**

**21. I hereby certify that I attended the deceased from** **1/1**, 19**44**, to **2/20**, 19**42**  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Right foot.**  
Due to **Cardiac Failure**

Due to **55E**  
Other conditions (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?

(Specify type of place) While at work? (c) Means of injury  
**23. Signature** **D.R. Russell** (M. D. or other)  
Address **3271 E-11 St** Date signed **2/24/42**

3011 A. Lindley Blvd

BE 4263

3:00 to 5:00 Saturday

**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. Hainisch

Licensed Embalmer No. 4159

P. O. Address K.C. 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.**