

FILED APR. 25 1942

Registration District No. 3

Primary Registration District No. 1002

Registrar's No. 1514

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:
3310 Olive Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 63 Years
(Specify whether years, months or days)

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. 3310 Olive Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country. ---

3. (a) PRINT FULL NAME Mrs. Mary Rebecca McGannon
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 13th
 year 1942 hour 7 minute 55 P. M.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. James McGannon
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased: January 29 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 12 1941 to April 13 1942
 that I last saw her alive on April 13 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 2 Days 15 hr. 14 min.

Immediate cause of death:
Hodgkin's Disease
Lymphogranulosa 18 Mo.
 Due to Cardio-renal Disease

9. Birthplace New Castle County Delaware
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 6 months of death):
L. J. Hallis 445

10. Usual occupation Housewife

Major findings of operations:
 Of autopsy:
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business ---
 12. Name William Murray
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Ella Ridgeway
 15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant James H. McGannon
 (b) Address 3310 Olive

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) (Means of injury)

17. (a) Barrier (b) Date thereof Apr. 16, 1942
(Place, cremation or removal) (Day) (Year)
 (c) Place: burial or cremation Olathe Cemetery Olathe, Kansas

18. (a) Signature of funeral director D. H. Newcomer, son
 (b) Address 1401 Brush Creek Blvd.

23. Signature L. J. Hallis (M. D. or other)
 Address 3301 Olive St., E. Mo. Date signed 4/14/42

19. (a) 4-16-42 (b) ---
(Date received local registrar) (Registrar's signature)

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

48
268

10:38
2-4-38
Dwyer 15119

M^cGannon

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 *W. C. Newcomer Jr*
Licensed Embalmer No. 4043
P. O. Address *19 @ 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.