

FILED MAY 17 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1703

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. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 hrs.
(Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 East 33rd 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) ()
If yes, name country

3. (a) PRINT FULL NAME MRS MARY McNAMARA

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

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

6. (b) Name of husband or wife Edward J. McNamara 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased about 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months Days If less than one day hr. min.

9. Birthplace Ireland 7
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John McDonnell

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

14. Maiden name Bridget Gillespie

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

16. (a) Informant E. J. McNamara

(b) Address 1310 East 33rd

17. (a) Burial (b) Date thereof May 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Durk + Robin Co

(b) Address 20 West Linwood

19. (a) 4-30-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day April
year 1942 hour 4.20 minute P. M.

21. I hereby certify that I attended the deceased from 4-4-38
1942 to 4-28 1942
that I last saw her alive on 4-28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 hours

Due to Hypertension 4 years

Due to 830'

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

Duration 3 hours
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 [Signature] (M. D. or other) [Signature]
Address Health Bldg Kansas St. 29 Date signed 42

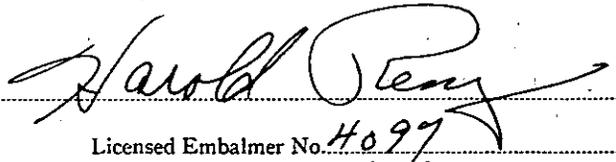
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....


Licensed Embalmer No. 4099

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.