

FILED JUN 6 1942

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2052

1. PLACE OF DEATH:

(a) County: Jackson  
(b) City or town: Kansas City Mo.  
(c) Name of hospital or institution: 3655 Jefferson  
(d) Length of stay: In hospital or institution: 59 Yrs.  
In this community: 59 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson  
(c) City or town: Kansas City Mo.  
(d) Street No.: 3655 Jefferson  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: Mrs. Julia A. SCANNELL.

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: Widowed  
6. (b) Name of husband or wife: Michael Scannell  
6. (c) Age of husband or wife if alive: August 12th, 1871

8. AGE: 70 Years, 9 Months, 11 Days

9. Birthplace: Peterborough Canada

10. Usual occupation: At Home

11. Industry or business:

12. Name: Daniel Curtin  
13. Birthplace: England  
14. Maiden name: UNKNOWN  
15. Birthplace: Canada

16. (a) Informant: William J. Scannell

(b) Address: 3655 Jefferson.

17. (a) Burial (b) Date thereof: 5/26/42

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mellody-McGilley

(b) Address: K. C. Mo.

19. (a) 5-26-42 (b) M. C. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 23rd  
year: 1942 hour: 4 minute: 45 P. M.

21. I hereby certify that I attended the deceased from 6/7/34  
19 to May 27, 1942  
that I last saw her alive on May 23, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute cardiac dilatation

Due to: cardiac aedema

Due to: sunstroke 95°

Other conditions: (include pregnancy within 3 months of death)

Major findings: 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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
(a) Means of injury

23. Signature: M. C. Brown  
Address: 2748 Charlotte

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

48  
3  
8

49  
3  
4  
0

MOTHER FATHER

561

(Licensed Embalmer's Statement on Reverse Side)

2749 Charlotte

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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.....



Licensed Embalmer No.....

2999 KC

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.