

FILED JUL 27 1942

Registration District No. 399

Primary Registration District No. 10.02

248  
893

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution May 21-42, 7-10-42  
(Specify whether  
In this community 32 Yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City Mo. 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 3209 East 25th, Street.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Margaret M<sup>G</sup> Mahon

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

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

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

7. Birth date of deceased March 29th, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 3 11 hr. min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John Cody

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

14. Maiden name Margaret Geary

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

16. (a) Informant Edward J. McMahon

(b) Address 3209 East 25th, Street.

17. (a) Burial (b) Date thereof 7-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hellody-McGilley

(b) Address K. C. Mo.

19. (a) 7-13-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th,  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 1st  
1942, 19\_\_\_\_, to July 10, 1942;  
that I last saw her alive on July 9th, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Broncho pneumonia

Due to Cachexia

Due to Carcinoma of heart & metastasis to lungs 50

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of heart & metastasis to liver & lungs  
Of operations \_\_\_\_\_  
Of autopsy +

Duration  
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)  
(2) Means of injury \_\_\_\_\_

23. Signature R. Paul Wright (M. D. or other) M.D.  
Address St. Joseph's Hosp. K. C. Mo. Date signed 7/13/42

561

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH SERVICES

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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. 3999  
P. O. Address..... KC

**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.**