

FILED NOV 19 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4593

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:
15th & Prospect Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 60 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2616 East 10th Street. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James MEEHAN.

3. (b) If veteran, name war None

3. (c) Social Security No. 495-03-2842

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th year 1943 hour 7:15 minute _____ P. M.

4. Sex Male 5. Color or Race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Meehan

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 22 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Lawrence
Oct 1941, 19 Oct 27 1943
that I last saw him alive on Oct 22 1943
and that death occurred on the date and hour stated above.

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

<u>70</u>	<u>8</u>	<u>5</u>	hr. min.
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Immediate cause of death Sudden

Due to arteriosclerosis Spr.

Due to glauc

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

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

10. Usual occupation Street Car Operator.

11. Industry or business K. C. Public Service Co.

12. Name Thomas Meehan.

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

14. Maiden name Bridget M. Nee

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

Major findings: None

Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Catherine Meehan.

(b) Address 2616 East 10th Street.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

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

(b) Address K. C. Mo.

19. (a) 10-29-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature D. E. Brown (M. D. or other) _____

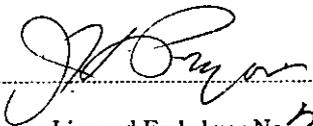
Address 1419 E. 9th St. Date signed 10/28/43

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

Dr. John O. Skinner.

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. 2985
P. O. Address..... K C

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.