U. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1944

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6202

Registrar's No. 746

1. PLACE OF DEATH:

(a) County: Kansas City Mo

(b) City or town: Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Vineyard Park Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)

In this community 58 Years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson 3

(c) City or town: Kansas City Missouri 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 1618 Broadway
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Mr. John J. McGLYNN

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: ----------

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

7. Birth date of deceased: August (Month) 25th (Day) 1885 (Year)

8. AGE: Years 58 | Months 5 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: Kansas City (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation: Retired Court Clerk

11. Industry or business: Justice of the Peace

FATHER
12. Name: Mr John McGlynn
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name: Margaret McNamara
15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant: James H. O'Connor
(b) Address: 1019 Benton, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation: St Johns K.C. Kans

18. (a) Signature of funeral director: Mellody McGilley
(b) Address: Kansas City Missouri.

19. (a) 2-15-44 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th year 1944 hour 3:30 P.M. minute P.M.

21. I hereby certify that I attended the deceased from 2/11/44 to 2/13, 1944, to ____, 19____; that I last saw him alive on 2-13-44, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis
Chronic Cirrhosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy: None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: D. C. Mabry (M. D. or other)

Address: 1700 Summit Date signed 2/15/44

(Licensed Embalmer's Statement on Reverse Side)

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

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.