

FILED JUN 3 1944
Registration District No. 149

Primary Registration District No. 1002

2270

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:
623 Euclid
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 months
(Specify whether
 In this community 86 years
years, months or days)

3. (a) PRINT FULL NAME WILLIAM McMAHON
 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 March 23 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 1 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John McMahon
 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary M. Hulet
 (b) Address 4239 Tracy, Kansas City, Mo.

17. (a) Burial (b) Date thereof 5/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director George C. Carson
 (b) Address Independence, Mo.

19. (a) 5-26-44 (b) T. E. Brown (R)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Independence 1
(If outside city or town limits, write "RURAL") 4
 (d) Street No. 424 E. Short
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
 year 1944 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from March 10
1944 to May 24 1944
 that I last saw him alive on May 23 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis and
myocardial degeneration
 Due to 93d

Duration
about
2 yrs.

Due to _____
 Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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) (e) Means of injury

23. Signature C. Quinn Pechter, D.O. (M. D. or other)
 Address 7204 Prospect Date signed 5-25-44

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

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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 Floyd C. Carson
Licensed Embalmer No. 4199
P. O. Address Independence

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.