

24840 ✓

S. No. 2  
OM-2-43  
v. 5-17-39  
P-I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 42

FILED JUL 26 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 578

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (Rural) Missouri

(c) Name of hospital or institution: \_\_\_\_\_  
1845 East 85th Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
30 years (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

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

(d) Street No. 1845 East 85th Street  
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME Mrs Ada May Kearney

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 5. Color or race Wh

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

6. (b) Name of husband or wife John C. Kearney (Deceased) 6. (c) Age of husband or wife if At 59 years

7. Birth date of deceased Aug 5th 1881  
(Month) (Day) (Year)

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

62 9 7 \_\_\_\_\_hr. \_\_\_\_\_min.

9. Birthplace LaBelle Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name William McDaniel

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

14. Maiden name Mollie Uht

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

16. (a) Informant Mr Milo E. Kearney

(b) Address 1845 East 85th Street

17. (a) Burial (b) Date thereof 7-14th-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 7-14-44 (b) [Signature]  
(Date received local file) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th  
year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1 - 1943 to July 17 1944  
that I last saw her alive on August 11 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic mitral regurgitation  
starting long ago

Due to Chronic mitral regurgitation

Due to \_\_\_\_\_

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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)

Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address PO Box 100 Date signed 7/14/44

W. Annis G. Hodges Licensed Embalmer's Statement on Reverse Side

Dr Geo H. Jones  
Office 80th & Paseo  
Phone Ja1879

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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..... *Chas E. Wilks* .....

Licensed Embalmer No..... *2644* .....

P. O. Address..... *1800 Pinewood* .....

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.