

Registration District No. 149

Primary Registration District No. 1002

**1. PLACE OF DEATH:**

(a) County Jackson  
(b) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1189 East 65th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 59 Years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson **48**  
(c) City or town Kansas City Missouri **3**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. 1189 East 65th Street  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Ireland **11**

3. (a) PRINT FULL NAME Mr James Mullane

3. (b) If veteran, name war None 3. (c) Social Security 404-12-2251

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Margaret Mullane 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 17th 1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 20 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Secretary

11. Industry or business Steanfitters Union

MOTHER FATHER  
12. Name Daniel Mullane  
13. Birthplace Limrick Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Bridget Lisbon  
15. Birthplace Limerick Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Mullane  
(b) Address 1189 East 65th Street

17. (a) Burial (b) Date thereof 10-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address Kansas City Missouri

19. (a) 10-9-44 (b) D-E Brown  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 7th  
year 1944 hour 6:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from October 5th, 1944 to October 7th, 1944  
that I last saw him alive on Oct 7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia - about 3 days  
Duration  
Due to followed chest cold  
about 3 weeks

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?

(Specify type of plane)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Herbert T. Tuttle (M. D. or other) **3**  
Address 1211 Rialto Bldg Date signed Oct 9 1944

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

**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 Russell W. France  
Licensed Embalmer No. 4255  
P. O. Address K. C. Mo

**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.**