

FILED NOV 20 1944

4543

Registration District No. 199

Primary Registration District No. 10.02

Registrar's No. _____

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

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:
3035 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 20 yrs
years, months or days

3. (a) PRINT FULL NAME James Neylon

3. (b) If veteran, name was World War I

3. (c) Social Security No. none

4. Sex M

5. Color or race wh

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 Sept 5 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>2</u>	<u>4</u>	hr. min.

9. Birthplace Paola Kan
(City, town, or county) (State or foreign country)

10. Usual occupation clerk

11. Industry or business _____

12. Name James Neylon

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

14. Maiden name Margaret Shannon

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

16. (a) Informant Clarell Neylon Jones

(b) Address 4603 Austin St. Houston Tex

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-18-44
(Month) (Day) (Year)

(c) Place: burial or cremation Paola Kan

18. (a) Signature of funeral director S. W. Altos

(b) Address 2738 Crockett Ave

19. (a) 11-18-44 (Date received local registrar)

(b) T. E. Brown (Vg) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

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

(d) Street No. 3035 Harrison
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1944 hour 10:40 minute P M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion

Due to Far advanced coronary arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 940s

Major findings:
Of operations _____

Of autopsy see above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) _____

(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? _____

23. Signature A. E. Usher (M. D. or other) MD.

Address 23 rd & Meloy Date signed 11/12/44

DEC 18 1944

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.....

J. S. Walton

Licensed Embalmer No. *2744*

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.