V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36132

State File No. 4692

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours (Specify whether years, months or days)
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999
(c) City or town Kansas City, Kas. 14
(If outside city or town limits, write "RURAL")
(d) Street No. 6 South 10th St. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Mrs Margaret O'Reilly Cunneen
3. (b) If veteran, name war No
3. (c) Social Security No. 510-03-7766
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William P. Cunneen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 13, 1900 (Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 29 If less than one day hr. min.

9. Birthplace K.C. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Francis O'Reilly
13. Birthplace County Cavan, Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Egan
15. Birthplace K.C. Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Margaret O'Callaghan
(b) Address 815 East 42nd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's
18. (a) Signature of funeral director Thos. E. Quirk Funeral Home
(b) Address 4316 Troost Ave.
19. (a) 11-14-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12 year 1945 hour 2 48 minute a M.
21. I hereby certify that I attended the deceased from Coroner, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute pulmonary edema	
Due to 2nd degree burns of face Head & Hands	
Due to Smoke Fumes	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 181-1 15	
Of autopsy yes - as above	

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) accident
(b) Date of occurrence 11-11-45 123
(c) Where did injury occur? 2900 Summit K.C. Jackson, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)
(e) Means of injury Kerosene Exploring
23. Signature [illegible] (M. D. or other) 2 Coroner
Address 1424 [illegible] Date signed 11-13-45

(Licensed Embalmer's Statement on Reverse Side)

FEB. 4 1946

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.....3775

P. O. Address.....

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.