

S. No. 2
M-2-43
5-17-39
P1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

1562

FILED JAN 29 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 5

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
2310 East 41st Street. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2310 East 41st Street 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country.

3. (a) PRINT FULL NAME Michael Mulligan McAULIFFE

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd
year 1946 hour 2 minute 20 A. M. 10

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Ellen Ryan McAuliffe

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased. August 2, 1844
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10th 1946 to Dec 31st 1945
and that death occurred on the date and hour stated above.

That I last saw him alive on Dec 31st 1945

8. AGE: Years Months Days If less than one day
101 5 0 hr. min.

Immediate cause of death Coronary heart failure

Due to Chronic Myocarditis & Arteriosclerosis

9. Birthplace County Melon Ireland 1
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Bailiff
South Side Court

11. Industry or business _____

12. Name Florence McAuliffe

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

14. Maiden name Mary Sullivan

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

16. (a) Informant Mrs. Mary Hornbeck

(b) Address 219 West 62nd St. K.C. Mo.

17. (a) Burial (b) Date thereof 1-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

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

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 1-2-46 (b) St. Thaddeus Holmes
(Date received local registrar) (Registrar's signature)

Other conditions 93rd
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Allen F. Hearsh (M. D. MD)
Address 1100 Prof. Bldg Date signed 1-2-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING 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.