

No. 2
M-5-43
5-17-39
I X36871

FILED FEB 27 1946
Registration District No. 47

Primary Registration District No. 1002

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: St. Marys Hospital
(If not in hospital or institution, write street number or location)

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

In this community life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Baby McMAHON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Jan. 24th, 1946
(Month) (Day) (Year)

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

About 7 hours 35 Minutes hr. min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None Infant

11. Industry or business _____

MOTHER FATHER {

12. Name William J. McMahon

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

14. Maiden name Mary T. Klecan
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Wm. J. McMahon

(b) Address 905 West 40th St. Ter. K.C.

17. (a) Burial (b) Date thereof 1-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

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

19. (a) 1-26-46 (b) Sheldene Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 905 West 40th Street Terrace
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th
year 1946 hour 4 minute 38 P.M.

21. I hereby certify that I attended the deceased from Pathologist.

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Respiratory Failure
Prematurity

Due to _____

Due to _____

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

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Major findings: Of operations _____

Of autopsy See 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) _____

(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 place) _____
While at work _____ (e) Means of injury _____

23. Signature A. E. Warner (M. D. or other) _____
Address 2800 Queen Date 1/25/46
K.C. Mo

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 Edw E Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.