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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1585
Registrar's No. 5467

Registration District No. 149 Primary Registration District No. 1002

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. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)
In this community 63 years

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. 2612 Madison 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BARTHOLOMEW J McNAMARA
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Delia McNamara
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased May 1 ~~1865~~ 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	7	28	hr. min.

9. Birthplace Ireland U (City, town, or county) (State or foreign country)
10. Usual occupation Retired 1
11. Industry or business K. C. Stockyards
FATHER
12. Name Daniel McNamara
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Daniel McNamara
(b) Address 2612 Madison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Zunk & Robin
(b) Address 20 West Linwood
19. (a) 12-31-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 12/29 day 29 year 1945 hour 6 00 minute P M.
21. I hereby certify that I attended the deceased from 12/21 19~~45~~, to 12/29 19~~45~~; that I last saw him alive on 12/29 19~~45~~; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio Pneumonia left base	3 days
~~Due to~~ Bilateral Pulmonary Tuberculosis	20 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1 3 16
Of autopsy 1

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 0
23. Signature P. J. O'Connell (M. D. or other) M.D.
Address 327 Argyle Bldg K C Mo Date signed 12-31-45

36 1 (Licensed Embalmer's Statement on Reverse Side)

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 Charles M Quirk

Licensed Embalmer No. 3774

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.