

S. No. 2  
M-5-43  
7-5-17-39  
1 X36671

FILED JAN 27 1946

Registration District No.

Primary Registration District No. 1002

Registrar's No.

84

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: General Hospital No. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 days  
 In this community 84 years (Specify whether years, months or days)

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. 3207 Highland  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret McNellis

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James McNellis 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased Nov 3 1861  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 2 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Martin Mary Higgins

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

14. Maiden name Bridget Dobson

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

16. (a) Informant Mrs Ella Seaford

(b) Address Neodesha - Kansas

17. (a) Burial (b) Date thereof Jan 9 - 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director: Edward J. Hobbs

(b) Address 20 W. Greenwood

19. (a) 1-7-46 (b) Sheldine Holmes  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6  
 year 1946 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec. 25 1945 to Jan. 6 1946  
 that I last saw her alive on Jan. 6 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Infarcts from kidneys possibly from fracture of neck of femur left  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence 12-25-45 123

(c) Where did injury occur? 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?  
Home

While at work? No (Specify type of place) Fall  
 (e) Means of injury

23. Signature Clark A Seaford  
 Address Med. Dir. Gen'l Hosp. 1-7-46  
 Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1118 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*A. Ellis*

---

---

**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..... *Manda Adair* .....

Licensed Embalmer No. *4016* .....

P. O. Address *20 W. Lenwood* .....

**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.**