S. No. 2
OM—2-43
v. 5-17-39
P I X35637

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

12184

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13258
Registrar's No. 1743

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 3-18-46 - 4-11-46 (Specify whether years, months or days)
In this community 49 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. 5701 Holmes 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. MARY E McGLYNN

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 Married

6. (b) Name of husband or wife W. J. McGlynn

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov 22 1896 (Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Edward Dore

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

14. Maiden name Ellen McAuliffe

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

16. (a) Informant J. J. McGlynn

(b) Address 5701 Holmes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/46 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Quirk & Johnson Co

(b) Address 20 West Linwood

19. (a) 4-13-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day April year 1946 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from 3-3-46, 19..., to 4-11-46, 19...; that I last saw her alive on 4-11-46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of ovary — Duration ?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above 49

Of autopsy

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 Graham Owens (M. D. or other)

Address 906 Grand Date signed 4-12-46

(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. Howard W. Farmer

Licensed Embalmer No. 4134

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.