S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13302

FILED APR 22 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1689

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

12208

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: Research Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4½ hours (Specify whether
In this community 45 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. 4418 Mersington 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mabel J. O'Day

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 John P. O'Day

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 27 (Day) 1888 (Year)

8. AGE: Years 57 Months 8 Days 12 If less than one day hr. min.

9. Birthplace York (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business At home

FATHER
12. Name Fred Martin
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary McElwain
15. Birthplace Unknown (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant John P. O'Day
(b) Address 4418 Mersington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 E. Linwood Blvd.

19. (a) 4-9-46 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1946 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 1, 1946 to April 9, 1946;
that I last saw her alive on 4-9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to —

Due to —

Other conditions Myocarditis chronic
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

108

Duration

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 [illegible] (M. D. ~~or other~~)
Address 3850 Prospect Date signed 4-9-

(Licensed Embalmer's Statement on Reverse Side)

Rt. C. N. [illegible]
3850 Prospect - Wa 6110
about 30 [illegible]

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 Elsa 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.