

S. No. 2
1-5-43
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. **13305**
1991
Registrar's No.

FILED MAY 13 1946

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **1209 Valentine**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX**
79 years (Specify whether 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. **1209 Valentine 8**
(If rural, give location)
(e) Citizen of foreign country? **No 0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MRS. MARGARET F. O'MEARA**
(b) If veteran, name war **XX**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **29th**
year **1946** hour **6:** minute **45 P.M.**

4. Sex **Fe** / race **Wh**
5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Widowed**
(b) Name of husband or wife **Richard J. O'Meara**
(c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **February 19 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4-16-1946** to **4-29-1946**
that I last saw **her** alive on **4-29-1946**
and that death occurred on the date and hour stated above.

8. AGE: Years **80** Months **2** Days **10**
If less than one day hr. min.

Immediate cause of death **Coronary occlusion** Duration **10 days**
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: **g/a**
Of operations
Of autopsy

9. Birthplace **Peoria Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

11. Industry or business
12. Name **Thomas Reilly**
13. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Carr**
15. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)

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? **C** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Write at work? Means of injury **5**

16. (a) Informant **Mrs. D. Stanly Seibel**
(b) Address **621 Dartmouth Road**
17. (a) **Burial** (b) Date thereof **May 2, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**
18. (a) Signature of funeral director **J.W. Wagner**
(b) Address **Kansas City, Mo.**
19. (a) **4-30-46** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

Signature **Professional Bell** (M. D. or other)
Address **Professional Bell** Date signed **4/30/46**

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

MOTHER FATHER

JUL 24 1946

Paul W. Kelly
11-4603

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

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.