

No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16732**
Registrar's No. **2215**

FILED MAY 27 1946

Primary Registration District No. **1002**

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

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:
810 Glead Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community **50 years**

3. (a) PRINT FULL NAME **Mrs. Mary LANNE**

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 **Dominique Lanne**

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

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years **About 70** Months Days If less than one day **hr. min.**

9. Birthplace **Co. Rascommon Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At home**

MOTHER FATHER { 12. Name **Patrick Stretch**

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

{ 14. Maiden name **Margaret Kennan**

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

16. (a) Informant **Leo Lanne**

(b) Address **810 Glead Ter., K.C., Mo.**

17. (a) **Burial** (b) Date thereof **5-18-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Melody-McGilley-Eyler**

(b) Address **1800 E. Linwood Blvd.**

19. (a) **5-17-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **810 Glead Terrace**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16**
year **1946** hour **4** minute **30** P.-M.

21. I hereby certify that I attended the deceased from **March 4/6** to **May 16 4/6**
that I last saw h. e. alive on **May 15 4/6**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema**

Due to **several cerebral hemorrhages with**

Due to **paralysis**

Other conditions **8301**
(Include pregnancy within 3 months of death)

Duration **3 days**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature **J. J. [unclear]** (Specify type of place) _____
While at work (c) Month of injury **May 1946**
Address **1103 [unclear]** (M.D. [unclear])
Date signed **5/17/46**

Mr. J. B. Webster
with certificate

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed

[Handwritten Signature]

..... 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.