

16741

State File No. ....

FILED MAY 20 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2134

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:  
Conval. Home 622 Benton Blvd. 4  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution about 20 yrs  
(Specify whether  
 In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 622 Benton Blvd.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country None

3. (a) PRINT FULL NAME Irene Mc Cann

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

7. Birth date of deceased August 27, 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	13	0
			hr.	min.

9. Birthplace Monroe County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name Massie Bodine

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

14. Maiden name Mattie Bethel

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

16. (a) Informant M. S. Bodine

(b) Address 5729 McGee, K.C. Mo.

17. (a) Removal (b) Date thereof 5-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paris, Missouri

18. (a) Signature of funeral director Walter T. Topley

(b) Address Indp. Mo.

19. (a) 5-11-46 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th 1946  
 year. hour. minute.

21. I hereby certify that I attended the deceased from May 1st 1946, to May 9th 1946  
 that I last saw her alive on May 9 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations  
 Of autopsy 1315

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?

While at work: (Specify type of place) (Specify type of work)  
 23. Signature Walter T. Topley (M. D. or other)  
 Address 622 Benton Blvd. Kansas City, Mo. Date signed 5-11-46

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

MOTHER FATHER

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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

*C. D. Lisle*

Licensed Embalmer No. 4123

P. O. Address Indep. 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.**