

S. No. 2
M-5-43
5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16747

State File No. _____
Registrar's No. **2135**

FILED MAY 20 1946
Registration District No. **149**

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:
3421 Charlotte /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
In this community **50 years** (Specify whether years, months or days)

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. **3421 Charlotte**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Mae Catherine MC GUIRE**

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 **Mathew M. McGuire** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 1 1869**
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **10** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
11. Industry or business **At home**

MOTHER FATHER
12. Name **Thomas Flannery**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Dicisa Ingram**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Florence M. Kearns**

(b) Address **3421 Charlotte, K.C., Mo.**

17. (a) **Burial** (b) Date thereof **5-13-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11**
year **1946** hour **4** minute **A.** M.

21. I hereby certify that I attended the deceased from **2 Dec 1 1945** to **5-11-46**
that I last saw her alive on **May 10 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral regurgitation** Duration **5 yrs**
Due to **do not know**

Due to _____
Other conditions **Chronic nephritis**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **1315**

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **James W. Graham** (M. D. or other)
Address **678 Argyle Bldg** Date signed **5-11-46**

15629

61. James K. ...
Apple Belt - No. 5670
518
512, 97, 1000 - 1/14, 1998

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 *Glenn E. Hook*

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.