

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

**FILED** MAY 29 1946

Registration District No. 199

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:  
2639 Belleview  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 45 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. 2639 Belleview  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MICHAEL JOSEPH MULLANE

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Catherine Mullane

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

7. Birth date of deceased June 16  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 10 23 hr. \_\_\_\_\_ min.

9. Birthplace County Limerick Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation retired Railroad Engineer

11. Industry or business \_\_\_\_\_

12. Name John Mullane

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

14. Maiden name Mary O'Connor

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

16. (a) Informant John Mullane

(b) Address 2639 Belleview

17. (a) Burial (b) Date thereof May 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Quirk & Robins

(b) Address 20 W Linwood

19. (a) 5-10-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day May  
year 1946 hour 4 minute 10 a.M.

21. I hereby certify that I attended the deceased from 7/11/30  
\_\_\_\_\_, 19\_\_\_\_, to 5/9/46, 19\_\_\_\_,  
that I last saw him alive on 5/4, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
apoplexy  
left cerebral thrombosis  
arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 830

Of autopsy \_\_\_\_\_

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) no

(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 J. J. [unclear] (M. D. or other) \_\_\_\_\_  
Address 814 Pasteur Bldg Date signed 5/9/46

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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... *Charles M. Quirk* .....

Licensed Embalmer No. *3774* .....

P. O. Address... *Ke 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.**