

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23628**
Registrar's No. **3187**

Registration District No. **149** Primary Registration District No. **1003**

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Hours
(Specify whether _____)

In this community 15 years
(years, months or days)

3. (a) PRINT FULL NAME MRS. MARY HALLORAN

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Halloran

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec 2 1904
(Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Patrick McNellis

13. Birthplace Ireland 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Meehan

15. Birthplace Ireland 11
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Halloran

(b) Address 4217 Flora

17. (a) Burial (b) Date thereof 7/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Mark Tobin Co

(b) Address 20 West Linwood

19. (a) 7-22-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 4217 Flora 8
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No) 1

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 st day July 1
year 1946 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from _____ 19____
Bellevue

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Pulmonary Edema

Due to _____
Edema Tympanum Tympani

Other conditions _____
(Include pregnancy within 3 months of death) 6

Major findings: _____

Of operations _____

Of autopsy above

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)

(c) Means of injury _____

23. Signature Geraldine Holmes (M.D. or other) 1
Address St. Joseph Hospital Date signed 26 July 46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Howard W. Farmer

Licensed Embalmer No. 4184

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.