

S. No. 2
 1-12-45
 5-17-39
 PI X47070

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1222**
 Registrar's No. **330**

FILED FEB 5 1947
 149

Registration District No. _____ Primary Registration District No. 1602

1. PLACE OF DEATH: **Jackson**
 (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: **920 Wyandotte, Rex Hotel**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **XX**
Life (Specify whether in this community 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. **920 Wyandotte**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **EDWARD P. McNAMARA**
 3. (b) If veteran, **World War #1** name war.
 3. (c) Social Security No. **490-16-1442**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan.** day **20**
 year **1947** hour **8:** minute **40** P. M.

4. Sex **Ma**
 5. Color or race **Wh**
 6. (a) Single, widowed, married, divorced **Sgl**
 6. (b) Name of husband or wife **XX**
 6. (c) Age of husband or wife if alive **XX** years
 7. Birth date of deceased **October 28 1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Coroner** 19____ to _____ 19____
 that I last saw h_____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	56	2	22	hr. _____ min.

Immediate cause of death **Coronary Insufficiency**
 Due to **arteriosclerosis**
 Due to _____

9. Birthplace **Kansas City Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Employee**

Other conditions **95C**
(Include pregnancy within 3 months of death)
 Major findings: **Of operations**
 Of autopsy **Autopsy & Inspection**

11. Industry or business **Goetz Brewing Co.**
 12. Name **Michael H. McNamara**
 13. Birthplace **Buffalo N.Y.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Kathryn Maloney**
 15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Mrs. Mamie Connelly**
 (b) Address **4024 West End, Chicago, Ill.**
 17. (a) **Burial** (b) Date thereof **1-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. St. Mary's**
 18. (a) Signature of funeral director **J.M. Wagner**
 (b) Address **Kansas City, Mo.**
 19. (a) **1-23-47** (b) **Stearline Holmes**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature **J. M. Wagner** (M. D. or other) _____
 Address **1424 W. 14th St. P.M.** Date signed **1-22-47**

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

MOTHER FATHER

FEB 19 1927

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 Alois R. Hamann

Licensed Embalmer No. 4159

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.