

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1223

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 163

1. PLACE OF DEATH:
(e) 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 1 week 6 days
(Specify whether
In this community 1 week 6 days
years, months or days)

3. (a) PRINT FULL NAME MARY ANN McNAMARA
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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 7 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 26 If less than one day hr. _____ min. _____

9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Edward P. McNamara

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

14. Maiden name Dolores M Arens

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

16. (a) Informant Edward P. McNamara

(b) Address 1834 Penn

17. (a) Burial (b) Date thereof 1/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wurk and Babin Co

(b) Address 20 West Linwood

19. (a) 1-13-47 (b) Theraldine Holmes
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(e) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1834 Penn
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day Jan
year 1947 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 7 1947, to Jan 12 1947
that I last saw her alive on Jan 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease Duration birth

Due to prenatal endocarditis
(etiology unknown)

Other conditions marked edema birth
(Include pregnancy within 3 months of death)

Major findings: 1/57 h
Of operations _____
Of autopsy not complete yet
(Cong. Heart)

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?
(Specify type of place) _____

While at work? _____ (Specify type of place) Means of injury 0

23. Signature George V. Harrison (M. D. or other) _____

Address 4301 Main Date signed 1/13/47

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

MOTHER FATHER

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

John J. Conway

Licensed Embalmer No. *4424*

P. O. Address.....

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.