B. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41887

FILED DEC 26 1947

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 5159

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 4039 Flora Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County Los Angeles 999 4
(c) City or town Los Angeles 0
(If outside city or town limits, write "RURAL")
(d) Street No. 241 South Grand 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Mary H. Reilly
3. (b) If veteran, name war --- no
3. (c) Social Security No. none
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife John M. Reilly
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August 16, 1861 (Month) (Day) (Year)

8. AGE: Years 86 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Wisconsin 1
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Thomas Lynch
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Farrell
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Joseph B. Daniels
(b) Address 4039 Flora Ave.
17. (a) Removal (auto) (b) Date thereof Dec. 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Galena, Kas.
18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.
19. (a) 12-8-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1947 hour 5 A.M. minute M.

21. I hereby certify that I attended the deceased from July 22, 1947 to Dec. 7, 1947
that I last saw her alive on Nov. 25, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory failure	2 hrs
Due to Hypertensive & arteriosclerotic cardiac disease, myocardial	
Due to damage	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 D
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature John R Whiteman (M. D. ~~or other~~)
Address 6247 Brookside Blvd Date signed 12-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.