

No. 300
M-10-47
5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19587
State File No. _____
Registrar's No. 2450

FILED JUN 19 1948
Registration District No. 149

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: 4108 Bell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 48 years
years, months or days

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. 4108 Bell 8
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. MARY LUCILLE MEEHAN
(b) If veteran, name war No
(c) Social Security No. 500-14-0099

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8th day June
year 1948 hour 5:00 minute A M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Patrick J Meehan
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Jan 3 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1948 to June 8, 1948
that I last saw her alive on June 7, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
48 5 5 hr. min.

Immediate cause of death Carcinomatous
Due to Carcinoma of the Liver 1 yr.
Due to _____

9. Birthplace Kansas City, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Sales Dept. Standard Pipe and Plumbing Co
11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None 40%
Of autopsy None

MOTHER FATHER
12. Name Thomas Glenn
13. Birthplace Boston Mass (City, town, or county) (State or foreign country)
14. Maiden name Hannah Burke
15. Birthplace Ireland (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant PJ Meehan
(b) Address 4108 Bell--St K. C. Mo
17. (a) Burial (b) Date thereof 6/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Quirk & Robin Co
(b) Address 20 West Linwood
19. (a) 6-11-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0
Signature Martha P. Hunter (M. D. or other) M.D.
Address 1428 Waldheim Bldg Date signed 6/10/48

OCT 24 1987

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. 4134.....

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.