. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29863

Registrar's No. 3912

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 9 days (Specify whether years, months or days)

In this community 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 708 East 13 St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Martha Jo McKernan

3. (b) If veteran, name war No

3. (c) Social Security No. 487-16-9546

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Joseph T McKernan

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 25 (Month) 1892 (Day) (Year)

8. AGE: Years 56 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Kearney (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Samuel McConnell

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

14. Maiden name Sarah C Yates

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

16. (a) Informant Joseph T McKernan

(b) Address 708 East 13 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem. K.C. Mo.

18. (a) Signature of funeral director Wagner Funeral Home

(b) Address Kansas City Mo.

19. (a) 9-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1948 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from 9/13 1948 to Sept. 24, 1948 and that I last saw him alive on Sept. 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Urinary Retention

Due to Enlargement of Prostate

Other conditions (Include pregnancy within 3 months of death) Pertinent Surgical Pathology

Major findings:
Of operations 48 h

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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

23. Signature [illegible] M.D.

Address 1107 B [illegible] K.C., Mo. Date signed 9-25-48

(Licensed Embalmer's Statement on Reverse Side)

Bryant Bldg. V1 0848

after 1 P M.

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 Alvin R. Hauschild

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.