

FILED FEB 26 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5016**
249

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>55 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		1 3 8 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND REST HOME</u>			d. STREET ADDRESS (If rural, give location) <u>512 Woodland</u>		
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>			a. (First)	b. (Middle)	c. (Last) <u>MC MAHON</u>
4. DATE OF DEATH <u>Jan 16 1949</u>			(Month)	(Day)	(Year)
5. SEX <u>FE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>	8. DATE OF BIRTH <u>Aug 31 1870</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>16</u>
IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rest Home Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rest Home</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Brodie</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph McMahan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary E. Riddle</u> ADDRESS <u>623 Euclid</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>18. Cause of death does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertension</u>				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420.1</u>				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>Aug 1</u> 19 <u>43</u> , to <u>Jan 16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 16</u> , 19 <u>49</u> , and that death occurred at <u>1:15 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. Rector</u> (Degree or title) <u>Dr.</u>			23b. ADDRESS <u>7204 Prospect</u>		23c. DATE SIGNED <u>1/17/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-19-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-18-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. BLACKMAN & SON INC.</u> ADDRESS <u>KANSAS CITY MO</u>		

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

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 _____

J. W. Wair Student Embalmer No. *98*
working under my personal supervision.

Student *James W. Wair*
Student Embalmer

Signed *O. K. McFarland*

Licensed Embalmer No. *4397*

P. O. Address *Kansas City*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson ss.

State File No. 5016
Local Registrar's No. 249

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of March, 1949, before me appears.....

Agnes Davis, who, upon her oath, states that the original record of ~~birth~~ death
for Elizabeth Mc Mahon ^{died} 1-16-, 1949, in the State of
^{born} Missouri, and which was filed at Kansas City, Mo. on 1-18-, 1949, should be corrected as follows:

Item No. 8 should read August 31 - 1870

Instead of..... August 31 - 1868

Item No. 9 should read 78

Instead of..... 80

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Agnes Davis daughter
512 Woodland K.C. Mo
Present Address. Relationship.

Subscribed and sworn to before me this 2nd day of March, 1949.

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

