

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1236

291

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City  
c. LENGTH OF STAY (in this place) 55 yrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION 2117 East 70th Street Terrace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City  
d. STREET ADDRESS (If rural, give location) 2117 East 70th Street Terrace

3. NAME OF DECEASED  
a. (First) Margaret b. (Middle) \_\_\_\_\_ c. (Last) MEANEY

4. DATE OF DEATH (Month) (Day) (Year)  
Jan. 20, 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH May 27, 1880

9. AGE (in years last birthday) 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

11. BIRTH PLACE (State or foreign country) County Clare Ireland

12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME MICHAEL GAVIN

13b. MOTHER'S MAIDEN NAME MARGARET REIDY

14. NAME OF HUSBAND OR WIFE James Meaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Wm. J. R. Jensen, 1212 E. 59th, K.C. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Heart Failure  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerotic H. Disease  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma L. breast.

INTERVAL BETWEEN ONSET AND DEATH  
2 weeks.  
Several years

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 5-10, 1950, to 1-20, 1951, that I last saw the deceased alive on 1-20, 1951, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE P.L. Byers (Degree or title) M.D.

23b. ADDRESS 315 Nichols Rd., K.C. Mo

23c. DATE SIGNED 1-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-22-51

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 1-20-51

REGISTRAR'S SIGNATURE Sheraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Mollody-McGilley-Eylar ADDRESS Kansas City, Mo.

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

Lo. 7400  
After 1:00 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Max W. Kirkendall*

Signed.....  
Student Embalmer

Licensed Embalmer No.

*4632*

P. O. Address

*K. C., 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.

19-22-1

1919

of the body...