

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31739

State File No.

FILED SEP 27 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3923

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 3 1/2 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elms Home, 1318 Armour Blvd.		d. STREET ADDRESS (If rural, give location) 3232 Wayne Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Claire c. (Last) MC NALLY			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalided		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH 12-12-68	
11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas			9. AGE (In years last birthday) Months Days 83		
12. CITIZEN OF WHAT COUNTRY? USA			13. NAME OF HUSBAND OR WIFE Wm. W. McNally		

13a. FATHER'S NAME James J. Hannon		13b. MOTHER'S MAIDEN NAME Catherine Morrison		14. NAME OF HUSBAND OR WIFE Wm. W. McNally	
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 ADDRESS James Hannon, 3232 Wayne, K. C., Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION (a) Pneumonia (b) Cirrhosis Sclerosis of liver (c) Arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 3-4 days. several yrs several yrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			

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) (Min.)		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 7-15-, 19 52, to 9-7-52, 19 52, that I last saw the deceased alive on 9-7-, 1952, and that death occurred at 3:30P.m., from the causes and on the date stated above.

23a. SIGNATURE J. A. Negro		(Degree or title) M.D.		23b. ADDRESS 925 Argyle Bldg., K.C., Mo.		23c. DATE SIGNED 9-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-9-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas	

DATE REC'D BY LOCAL REG. 9-8-52		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Nov 23 88

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. H. Pryor
Licensed Embalmer No. 3999

P. O. Address KC 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.

