

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34017

State File No. ....

FILED NOV 10 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4874

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1441 Independence- Long N. Home</b>			STREET ADDRESS (If rural, give location) <b>1441 INDEPENDENCE 3158</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b>		b. (Middle) <b>M.</b>	c. (Last) <b>McGLYNN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 18 54</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPT. 1878</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. BLACKSMITH</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. TER. R.R.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY - KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John Mc Glynn</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret McManara</b>	14. NAME OF HUSBAND OR WIFE <b>Christina Mc Glynn</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JAMES McGLYNN - 801 PALES COURT</b>		
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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>39 years</b> <b>3317</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>6-1-54</b> , to <b>10-18-54</b> , that I last saw the deceased alive on <b>10-18-54</b> and that death occurred at <b>1:4</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Frank Paul Lorenzana</b> (Degree or title)		23b. ADDRESS <b>428 S white ave</b>		23c. DATE SIGNED <b>10-18-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/20/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, KANSAS</b>		
DATE REC'D BY LOCAL REG. <b>10-20-54</b>	REGISTRAR'S SIGNATURE <b>neva-minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, <b>Melody-McGilley-Eylar-Kansas City, Mo.</b>		

*Dr. [unclear]  
-will call*

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.....  
Signature of Student Embalmer

Signed.....  
*Melvin Barteaux*

Licensed Embalmer No.....  
*49*

P. O. Address.....  
*KCM*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.