

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13642
1623
Registrar's No. _____

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3309 Bellefontaine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 10 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL") 3

(d) Street No. 3309 Bellefontaine
(If rural, give location) P

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mrs May O'NEILL

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1941 hour 4⁰⁰ minute P. M.

21. I hereby certify that I attended the deceased from April 20
1941 to April 21 1941
that I last saw her alive on April 21 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James L. O'Neill

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

7. Birth date of deceased January 21, 1865
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 1 day

Due to arteriosclerosis 2 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>0-0</u>	hr. _____ min. _____

Major findings: 932

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER

12. Name Peter Kelley

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Dalton

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Kelley

(b) Address 3309 Bellefontaine

17. (a) Burial (b) Date thereof 4-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. Mary'S

18. (a) Signature of funeral director Melody McGilley

(b) Address Kansas City Missouri

19. (a) Apr 24 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature John F. Caldwell (M. D. or other) MD
Address Kansas City, Mo. Date signed 4/22/41

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No. 267
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2959

P. O. Address..... KC

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.