7. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32838

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4033

48 3 8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community 67 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5340 Rockhill Road.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Josephine McQUEENY.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James L. McQueeny

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

7. Birth date of deceased August (Month) 6th, (Day) 1875 (Year)

8. AGE: Years 67 Months 2 Days 21 If less than one day ... hr. ... min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Kelly
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Ward
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant J. Ward McQueeny.
(b) Address 5340 Rockhill Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) 10-31-42 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th year 1942 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from 9-2-42, 19..., to 10-27, 1942, that I last saw her alive on 10-27, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis
coronary sclerosis (old infarct)
Myocardial failure + oedema. — Duration 6 mos.

Due to General arteriosclerosis
Chr. Bright's disease.

Due to 61

Other conditions Diabetes — Duration 7 yrs. +
(Include pregnancy ~~within 3 months of death~~)
General anasarca 6 weeks

Major findings:
Of operations

Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature Lord G. Lowrey (M. D. ~~or other~~)
Address Latham Bldg. K.C. Mo. Date signed 10-27-42

(Licensed Embalmer's Statement on Reverse Side)

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.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2999

P. O. Address..... KS

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.