No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36967

FILED DEC 9 1946

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 4957

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3141 Penn
(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 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3141 Penn. 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ann Gillespie
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas J.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 1 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
80	2	24	hr. min.

9. Birthplace Washington Court House, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Patrick J. Kerwin
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Johanna Buckley
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs P J Naughton
(b) Address 3141 Penn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27, 46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Quirk & Tobin
(b) Address 20 W. Linwood
19. (a) 11-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 25th day year 1946 hour 3:45 minute a M.
21. I hereby certify that I attended the deceased from June 1940, 19 to Nov 25, 1946 that I last saw him alive on Nov 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	5 yrs
Due to Arteriosclerosis	10 yrs
Due to Debilitation	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 93 d
Of autopsy NO

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 NO (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

23. Signature M B Chiabolt MD (M. D. or other)
Address 4000 Baltimore Date 11/25/46
72-EMO

(Licensed Embalmer's Statement on Reverse Side)

35787

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 Maude Adair

Licensed Embalmer No. 4019

P. O. Address Ke e. 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.