

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. **149** Primary Registration District No. **1002**

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:  
**918 W. 33rd**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **62 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **918 W. 33rd St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Miss Mollie Solan**  
(b) If veteran, name war **no**  
(c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 15 1884**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **3** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Kansas City, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Patrick Solan**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Foley**  
15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Margaret Cagan**  
(b) Address **918 W. 33rd St.**  
17. (a) **Burial** (b) Date thereof **12-7-46**  
(Burial, cremation, or removal) (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) **12-7-46** (b) **Geralline Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **4<sup>th</sup>** year **1946** hour **4:45** minute **P.** M.  
21. I hereby certify that I attended the deceased from **Sept 25 1946** to **Dec 4 1946**  
that I last saw her alive on **Dec 4 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral accident (gentle, not traumatic)**  
Due to **generalized arteriosclerosis**  
Due to **senility**  
Other conditions **C.F.R. disease**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **938**  
Of autopsy **examined**

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 \_\_\_\_\_  
23. Signature: **W.C. Ganley** (M. D. or other) \_\_\_\_\_  
Address **1022 Argyle St** Date signed **12-5-46**

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

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 ~~by~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Maude Blair

Licensed Embalmer No. 4016

P. O. Address H. C. 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.**