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FILED NOV 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. **4006**

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:
505 West 10th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community lifetime years, months or days)

3. (a) PRINT FULL NAME Thomas F. REILLY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Mary C. Reilly 6. (c) Age of husband or wife if alive 68 1/2 years
7. Birth date of deceased 11 8 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation Owner of Cab Firm

11. Industry or business

MOTHER FATHER { 12. Name Thomas F. Reilly
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Carr
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie R. McDermott

(b) Address 4238 Greenwood Pl., K.C., Mo.

17. (a) Burial (b) Date thereof 10-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Melody McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 10-2-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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") 8
(d) Street No. 505 West 10th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Coroner, 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Hypertrophy of heart
Due to adhesive pericarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 950
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?

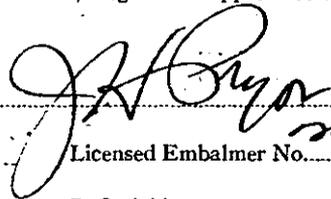
While at work? (Specify type of place)
(a) Means of injury 3
James C. Walker
23. Signature James Walker (M. D. or other) Coroner
Address 1424 74th St Date signed 10-2-48

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.....
working under my personal supervision.

Signed.....


.....
Licensed Embalmer No. 2999

KC

P. O. Address.....

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.