No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30341

BIRTH NO: _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3537

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 3218
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 6435 E 12th.

3. NAME OF DECEASED (Type or Print)
a. (First): Maureen
b. (Middle): C
c. (Last): McNally

4. DATE OF DEATH (Month) 8 (Day) 17 (Year) 51

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-17-1921
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months 3 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? Ireland

13a. FATHER'S NAME: Micheal Foley
13b. MOTHER'S MAIDEN NAME: NORA
14. NAME OF HUSBAND OR WIFE: Hugh McNally

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-28-5960
17. INFORMANT'S SIGNATURE OR NAME: Hugh McNally ADDRESS: 6435 E 12 K.C. Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Massive atelectasis	30 HRS
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Aspirated gastric juice or diaphragm paralysis	30 "
DUE TO (c)	Caesarian Section - Spinal anesthesia	30 "
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Possible previous myocardosis	6605

19a. DATE OF OPERATION: 8-16-51
19b. MAJOR FINDINGS OF OPERATION: Pregnancy - (previous section) - term.
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* 8-17, 1951, *that I last saw the deceased alive on* 8-17, 1951, *and that death occurred at* 12:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. B. Sinclair Jr. (Degree or title): A B Sinclair Jr. MD MD
23b. ADDRESS: 4711 Central St.
23c. DATE SIGNED: 8-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-20-51
24c. NAME OF CEMETERY OR CREMATORY: Mt Olivet
24d. LOCATION (City, town, or county): K.C. (State): Mo.

DATE REC'D BY LOCAL REG.: 8-18-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: John P. Sheil ADDRESS: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

anesthesia

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3625

P. O. Address K. 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.