FILED SEP 27 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3838

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Our Lady of Mercy Home — Length of stay in this place 70 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City, Missouri — Inside Limits Yes X No ☐
d. STREET ADDRESS 918 E. 9th (If outside, give location) Our Lady of Mercy Home — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: CATHERINE Middle: Last: O'CONNOR

4. DATE OF DEATH Month: August Day: 30 Year: 1956

5. SEX Female ~~Male~~

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Sept 23, 1876

9. AGE (In years last birthday) 79

IF UNDER 1 YEAR: Months 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 Home

11. BIRTHPLACE (City and state or country) New Orelans, Louisiana

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John J. McGlynn

14. MOTHER'S MAIDEN NAME Margaret McNamara

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. None

17. INFORMANT Richard J. O'Connor Address Chicago, Illinois

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Vascular Accident---myocardial failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) General Arteriosclerosis

DUE TO (c) Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH: H221

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 13/56 to Aug 30/56 and last saw her/him alive on Aug. 13/56. Death occurred at 5:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward C. Teubel (degree or title) Edward C. Teubel M. D.

22b. ADDRESS 4304 Troost K.C. Mo.

22c. DATE SIGNED Aug 31/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-1-1956

23c. NAME OF CEMETERY OR CREMATORY Calvary

23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR AND ADDRESS Mellody-McGilley-Eylar Funeral Hme 1800 E. Linwood, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 9-1-56

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

[illegible]
4304 Transit
[illegible]-1-4924

[illegible] after 1 PM [illegible]
[illegible]

Call WA-1-7717
When Completed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin Barteau

Licensed Embalmer No. 49

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.