

FILED MAR 2 1946

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: **St. Marys Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
In this community **56 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Fontine J. REILLY**

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 **Married**

6. (b) Name of husband or wife **Matthew J. Reilly** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **August 12, 1869** (Month) (Day) (Year)

8. AGE: Years **76** Months **5** Days **29** If less than one day hr. min.

9. Birthplace **Bushnell** (City, town, or county) Ill. (State or foreign country)

10. Usual occupation **Housewife** Home

11. Industry or business **Caleb Jones** Franklin Center, Iowa

12. Name **Franklin Center, Iowa** (City, town, or county) (State or foreign country)

13. Birthplace **Felicia Chartier** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown** (City, town, or county) (State or foreign country)

15. Birthplace **Mrs. Hubert F. Heying** (City, town, or county) (State or foreign country)

16. (a) Informant **5719 Crestwood Drive K.C.** (b) Address **2-14-46** (Month) (Day) (Year)

17. (a) **Burial** (b) Date thereof **2-14-46** (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Forest Hill Cemetery** (b) Address **Melody-McGillley-Eylar** (M.D. or other)

19. (a) **2-13-46** (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** (If outside city or town limits, write "RURAL")
(d) Street No. **Brookside Hotel** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **11** th year **1946** hour **3** minute **10 P.M.**

21. I hereby certify that I attended the deceased from

Pathologist 19...; that I last saw him alive on 19...; and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of the Right Breast with 5th Generalized Metastasis. Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations **50** Underline the cause to which death should be charged statistically.

Of autopsy **See Above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **See Above**

(b) Date of occurrence **See Above**

(c) Where did injury occur? **See Above** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **See Above**

While at work? **See Above** (Specify type of place) (e) Means of injury **See Above**

23. Signature **A. E. Elsner** (M. D. or other) **See Above** Date signed **See Above**

Address **2800 Main**

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. 2899

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.