

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5843
750

FILED MAR 2 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 **Mathew J. Reilly**
6. (c) Age of husband or wife if alive **Dead**
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 Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

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

14. Maiden name **Felicia Chartier**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hubert F. Heying**
(b) Address **5719 Crestwood Drive K.C., Mo.**

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

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**
(b) Address **1800 Linwood Blvd. K.C. Mo.**

19. (a) **2-13-46** (Date received local registrar)
(b) **Doraldine Holmes** (Registrar's signature)

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. **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**
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 Generalized Metastases.**
Due to **1 1/2 yrs.**
Due to **4 1/2 yrs.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **50**
Of autopsy **See Above**
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 **See Above**
23. Signature **A. E. Asher** (M. D. or other)
Address **2800 Main** Date **2/10/46**

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.....

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.